

PLEASE
ATTACH
RECENT
PHOTO



DAYSPRING

CHRISTIAN ACADEMY

Office Use Only

Date of Application _____

Application Fee _____

Interviewed: Yes ___ NO ___

Accepted: Yes ___ NO ___

MIDDLE SCHOOL Application for School Year 2019-2020

Please circle grade: 6th 7th 8th

Student's Legal Name _____
first middle last

Address _____
street city state zip code

Phone (____) _____ Sex ____ Date of Birth _____ Social Security _____

Current School _____

Address _____
street city state zip code

How did you hear about DCA? Friend Social Media Sign Church Other

Did someone from DCA refer you? Yes _____ No _____ If so, who? _____

FATHER / STEP-FATHER / GUARDIAN (please circle)

Name _____ Living with student? _____

Occupation _____ Employer _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name _____ Living with student? _____

Occupation _____ Employer _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

OTHER CHILDREN UNDER 18 YEARS OF AGE LIVING WITH FAMILY

Name	Age	School Attending	Grade	Do you plan to enroll these children? (yes, no, maybe)

Please make a full statement as to why you want to enroll your student at DCA Middle School.

SCHOOL

Why is your student being withdrawn from his or her current school?

How and why do you believe your student would be an asset to DCA Middle School and its student body?

Does your student have any diagnosed/documentated learning difficulties? ____ Yes* ____ No
If yes, please comment on the diagnosis, date of documentation, and treatment:

***Note: Medication or educational documentation must be provided.
Please see handbook for details about our policy on medication and documented learning differences.**

Does your student require any special accommodations for a learning or physical disability, developmental delay, etc.?

____ Yes ____ No If yes, please comment: _____

Other than as noted above, has your student demonstrated problems with reading comprehension, attention/focus, social skills, organization, memorization, or doing homework? Yes No If yes, please comment:

Does your student take any medications regularly that influence behavior or learning during school?

Yes No If yes, please comment: _____

Has your student ever been retained a grade level, suspended, expelled, or asked to withdraw from a school? Yes No If yes, please comment: _____

Is your student presently eligible for re-admission with the school he/she last attended? Yes No

If no, please comment: _____

Are any financial or other obligations still owed to a previous school? Yes No If no, please comment:

Have you given a reference form to a previous classroom teacher to be sent to DCA? Yes No

Does your student want to attend DCA? Yes No If no, please comment as to why not: _____

Do you agree, as parent(s), to support all of the policies and standards of DCA as long as your student is enrolled?

Yes* No Comments: _____

- * Please carefully read through the Parent/Student Handbook
- * Having a Christian testimony/background does not automatically guarantee admission
- * A lack of a Christian testimony/background does not automatically disqualify a family from admission into DCA
- * Each family will be given prayerful consideration for admittance

CHRISTIAN BACKGROUND

Personal Testimony Father: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.
Mother: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.

Bible Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

____ Yes ____ No Signature: _____
Father

____ Yes ____ No Signature: _____
Mother

DCA Please carefully read the DCA Positional Foundation and indicate below your degree of support.

Positional Foundation

____ I fully support the DCA Positional Foundation as written without mental reservations.

____ I support the DCA Positional Foundation except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: _____
Father

Signature: _____
Mother

Church What is your denominational preference? _____

Name of your current local church affiliation: _____

Name of the Senior Pastor _____ Phone number _____

Are you presently an active member in good standing and regularly attending a local church?

Does your family attend and financially support the local church you attend? ____ Yes ____ No

If not, please explain: _____

Father: ____ Yes, for ____ years ____ No

Mother: ____ Yes, for ____ years ____ No

Student: ____ Yes, for ____ years ____ No

In what church activities are your family involved in? Degree of regularity? Please be specific: _____

Devotional Life Please describe your family's Bible study and prayer life: _____

FAMILY

Are you presently experiencing any difficulty managing your student at home? ____ Yes ____ No

If yes, please comment: _____

What restrictions do you place on your student, socially and at home? _____

Please describe the multi-media influences in your home. (TV, internet, cell phones, social media, etc.) Include the amount of time your student spends on each item.

Please place a check mark beside any of the following that apply to your student:

- | | | | |
|---------------|--------------------------|----------------------------|-----------------------------|
| ____ Truancy | ____ Vulgar Speech | ____ Violent or Aggressive | ____ Disrespectful Attitude |
| ____ Seizures | ____ Substance Use/Abuse | ____ Depression | ____ Nervousness |
| ____ ADD | ____ ADHD | ____ Dishonesty | ____ Other |

Please explain any that were checked:

Describe your student's creative activities. (musical, artistic, literary, etc.):

Is there any other pertinent information about you student that needs to be addressed?

QUESTIONNAIRE FOR THE STUDENT: (Must be filled out truthfully by student, in own handwriting.)

Do you want to attend DCA? ___ Yes ___ No If no, please explain why you do not want to attend DCA.

Do you feel you would be an asset to this school? ___ Yes ___ No If yes, please explain why: _____

How do you feel about wearing a uniform? _____

What grades do you expect to make at DCA? Math ___ Science ___ Literature ___ Bible ___ English ___ History ___

Are you willing to abide by the Student Code of Conduct and policies of this school? ___ Yes ___ No

Are you willing to uphold the moral standards of this school? ___ Yes ___ No

Will you agree to speak well of this school as long as you attend? ___ Yes ___ No

Do you understand that failure to abide by DCA policies and procedures and or failure to maintain satisfactory academic progress may result in your dismissal from this school? ___ Yes ___ No

How many hours per day do you spend on homework? _____

Have you ever attended summer school? ___ Yes ___ No If yes, in what subject? _____

Have you had in your possession or used any of the following: ___ Yes ___ No

___ Alcohol ___ Illegal drugs ___ Cigarettes ___ Tobacco ___ Pornography (print, movie, internet, video games)

If yes, please explain: _____

Have any of the following applied to you? ___ Truancy ___ Runaway ___ Been Arrested ___ Charged with a crime

___ Tried in a juvenile court ___ Placed in Juvenile Detention ___ Been Expelled ___ Been Suspended

If yes, please explain: _____

Do you consider yourself to be a born-again Christian? ___ Yes ___ No If no, please explain your answer.

Are you an active member in a church? ___ Yes ___ No Name of Church: _____

How often do you attend church? _____

Do your parents attend church with you? ___ Yes ___ No

Describe your areas of interest and/or involvement in church. _____

Describe your prayer and devotional/Bible study time: _____

Are most of your friends Christian or Non-Christian? _____

Describe your creative activities/hobbies (musical, artistic, literary, dramatic). _____

Describe your athletic interests and activities. _____

Student Signature: _____ Date: _____

PARENTS: I have read the student questionnaire and agree with my student's answers.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Dayspring Christian Academy PASTOR REFERENCE FORM

Name of Church: _____ Phone: _____

Address: _____

Pastor's Name: _____ E-mail: _____

Name of Pastor/Church Leader Giving Reference: _____

Individual's Position: _____ E-mail: _____

Your insight and knowledge of this student and family can assist us in determining his/her potential for success at Dayspring Christian Academy. _____ is applying for admission to DCA.

(Student's full name)

All information will be kept in strict confidence. Please return this form directly to:

Dayspring Christian Academy * 1052 Newport Ave. South Attleboro, MA 02703 * Fax: (508) 761-3577

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Student regularly attends worship services, Sunday School, childrens programs, etc.					
Student demonstrates a Biblical Worldview, spiritual awareness, etc,					
Is there an apparent worldly influence in the student's life?					
Does the student exhibit rebellious or unruly behavior?					
Would you recommend the student to attend a Christian school?					

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Family regularly attends worship services, Sunday School, other church programs, etc.					
Parents actively support the church and its ministries					
Parents demonstrate a Biblical Worldview in the decision making process					
Is there an apparent worldly influence in the life of the parents/family?					
Do they maintain good relationships within the church?					

How long have you known this student? _____

How long have you known the student's family? _____

Do you see the child being a positive Christian influence here at DCA? ____ Yes ____ No ____ Unknown

Do you see the family being supportive of the school? ____ Yes ____ No ____ Unknown

Is there any further information we need to know about the family? If yes, please use the back to explain.

I ____ would ____ would not recommend this student for enrollment in Dayspring Christian Academy.

May DCA contact you regarding the student and or his/her family? ____ Yes ____ No

SIGNATURE: _____ DATE: _____

CLASSROOM TEACHER RECOMMENDATION FORM

MIDDLE SCHOOL (Attending or entering Middle School)

School: _____ Teacher: _____

_____ is applying for admission to Dayspring Christian Academy.
 (Student's full name)

Your knowledge of this student's preparedness will assist us in determining his/her potential for success at DCA. All information will be kept in strict confidence. Please return this form directly to:

Dayspring Christian Academy * 1052 Newport Ave. South Attleboro, MA 02703 * Fax: (508) 761-3577

Please check the level of mastery the student has achieved in each of the following skill areas.

	Always	Usually	Sometimes	Never	N/A
Transitions from subject to subject well	_____	_____	_____	_____	_____
Completes in-class assignments	_____	_____	_____	_____	_____
Begins a task within an acceptable period of time	_____	_____	_____	_____	_____
Completes tasks independently	_____	_____	_____	_____	_____
Follows written directions	_____	_____	_____	_____	_____
Follows verbal directions	_____	_____	_____	_____	_____
Completes work commensurate with his/her abilities	_____	_____	_____	_____	_____
Exhibits good work habits	_____	_____	_____	_____	_____
Has a good attendance habit	_____	_____	_____	_____	_____
Sustains adequate attention in class and on assignments	_____	_____	_____	_____	_____
Is flexible and manages changes in a daily routine	_____	_____	_____	_____	_____
Responds adequately to verbal directions	_____	_____	_____	_____	_____
Responds adequately to non-verbal directions	_____	_____	_____	_____	_____
Copes adequately with auditory distractions	_____	_____	_____	_____	_____
Copes adequately with visual distractions	_____	_____	_____	_____	_____
Exhibits age appropriate activity level	_____	_____	_____	_____	_____
Asks for assistance when needed	_____	_____	_____	_____	_____
Exhibits a positive attitude	_____	_____	_____	_____	_____
Possesses adequate age-appropriate social skills	_____	_____	_____	_____	_____
Works well in a small group situations	_____	_____	_____	_____	_____
Respects the rights of others	_____	_____	_____	_____	_____
Maintains a positive attitude	_____	_____	_____	_____	_____
Manages frustration and anger appropriately for age	_____	_____	_____	_____	_____
Responds well to correction	_____	_____	_____	_____	_____
Is emotionally stable	_____	_____	_____	_____	_____
Rushes through in-class work	_____	_____	_____	_____	_____
Is respectful towards adults	_____	_____	_____	_____	_____
Is respectful towards peers	_____	_____	_____	_____	_____

How long have you known this student? _____

Are the parents supportive? _____ Yes _____ No _____ Unknown

Summarize any additional thoughts, observations, or comments about the student's behavior and academic ability. _____

I _____ would _____ would not recommend this student for enrollment to Dayspring Christian Academy.

SIGNATURE: _____ DATE: _____



Authorization for Release of Records

School Name: _____

School Address: _____

Street

City

State

Zip

School Telephone # (____) _____ Fax # (____) _____

The following student is applying to Dayspring Christian Academy. Please send ALL of the following records:

- _____ All Academic Records / Transcript
- _____ Explanation of Grading System / School Profile
- _____ All Discipline Information
- _____ Discipline Records are attached
- _____ There are no Discipline Records on file for this student _____
(Principal's signature)
- _____ Evaluative Records (Achievement testing, Psychological or other learning disability test results)
- _____ Attendance Records
- _____ Immunization / Health Records

Student's Name: _____

Student's Address: _____

Street

City

State

Zip

Student's Birth Date: _____ Social Security #: _____

I hereby authorize the release of ALL requested records to Dayspring Christian Academy.

Signature of Parent/Legal Guardian

Date

Please fax or mail copies of all requested records to:

Dayspring Christian Academy
1052 Newport Ave.
South Attleboro, MA 02703
Phone: 508-761-5552
Fax: 508-761-3577

Thank you for your cooperation in this matter!