

PLEASE
ATTACH
RECENT
PHOTO



DAYSPRING

CHRISTIAN ACADEMY

Office Use Only

Date of Application _____

Application Fee _____

Interviewed: Yes ___ NO ___

Accepted: Yes ___ NO ___

PRE-SCHOOL Application for School Year 2020-2021

Please circle grade: **Pre-K3** **Pre-K4**

For Pre-K3 or Pre-K4, please indicate which of the following options you are interested in.

3 days (M,W,F): ___ ½ Day ___ Full Day **OR** 5days: ___ ½ Day ___ Full Day

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 Newspaper Sign Church Website Other

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

FATHER / STEP-FATHER / GUARDIAN (please circle)

Name _____ Living with child? _____

Occupation _____ Employer _____

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

E-mail Address _____

MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name _____ Living with child? _____

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) |
|------|-----|---------------------|-------|---|
|------|-----|---------------------|-------|---|

SCHOOL

Does your child have any diagnosed/documented 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 child require any special accommodations for a learning disability, developmental delay, physical disability, etc.? Yes No

If yes, please comment: _____

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

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

Yes No If yes, please comment: _____

Has your child ever been retained a grade level, suspended, expelled, or asked to withdraw from a school?

Yes No If yes, please comment: _____

Is your child presently in good standing (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: _____

Does your child 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 child is enrolled here? Yes* No Comments: _____

- * Please carefully read through the Parent/Student Handbook on the DCA website www.dayspringag.org
- * 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 Parents: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.

DCA Positional Foundation I have read, understood, and agree to abide by the school's Positional Foundation.
 Yes No Father Signature: _____
 Yes No Mother Signature: _____

Church What is your denominational preference? _____
Name of your current local church affiliation: _____
Name of the Senior Pastor _____ Phone number _____
Does your family support the local church you attend? (attendance, membership, finances, etc.)
 Yes No If not, please explain:

In what church activities are your family involved in, and to what degree of regularity?
Please be specific: _____

FAMILY

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

If yes, please comment: _____

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

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

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Vulgar Speech | <input type="checkbox"/> Violent Behavior | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Disrespectful Attitude |

Please explain any that were checked:

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

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? | | | | | |
| Would you recommend this family to any other churches? | | | | | |

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

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

May DCA contact you for further explanation or with any additional questions concerning the child and or his/her family? ____ Yes ____ No

SIGNATURE: _____ DATE: _____

CLASSROOM TEACHER RECOMMENDATION FORM PRE-SCHOOL

School: _____ Teacher: _____

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

Your knowledge of this child'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 between activities well | _____ | _____ | _____ | _____ | _____ |
| Identification of numbers/letters | _____ | _____ | _____ | _____ | _____ |
| Recognizes his/her own name | _____ | _____ | _____ | _____ | _____ |
| Completes tasks independently | _____ | _____ | _____ | _____ | _____ |
| Demonstrates fine motor skills | _____ | _____ | _____ | _____ | _____ |
| Responds well to instruction | _____ | _____ | _____ | _____ | _____ |
| Able to sit and listen to a story | _____ | _____ | _____ | _____ | _____ |
| Sustains adequate attention during learning activities | _____ | _____ | _____ | _____ | _____ |
| Is understanding of rules and routines | _____ | _____ | _____ | _____ | _____ |
| Can work independently | _____ | _____ | _____ | _____ | _____ |
| Responds adequately to a structured 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 situation | _____ | _____ | _____ | _____ | _____ |
| Demonstrates empathy/caring for others | _____ | _____ | _____ | _____ | _____ |
| Demonstrates body and spatial awareness | _____ | _____ | _____ | _____ | _____ |
| Can clearly express feelings, needs, and opinions | _____ | _____ | _____ | _____ | _____ |
| Responds well to correction | _____ | _____ | _____ | _____ | _____ |
| Is able to take turns | _____ | _____ | _____ | _____ | _____ |
| Rushes through seated classwork | _____ | _____ | _____ | _____ | _____ |
| Requires excessive attention from teacher | _____ | _____ | _____ | _____ | _____ |
| Requires excessive attention from 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!