

DUNNELTON CHRISTIAN ACADEMY
STUDENT REGISTRATION FORM



DATE: _____

STUDENT INFORMATION:

**LEGAL NAME
OF STUDENT:**

_____ (Last) _____ (First) _____ (Middle)

Nickname: _____ **Race/Ethnicity:** _____

Gender: _____ **Birthday** _____ **Place of Birth** _____ **Age as of
Sept.1, 2017** _____

Male _____ Female _____ / _____ / _____

Social Security Number: _____

Permission for Photo Use on Website and Social Media Yes _____ No _____

Grade Last Attended: _____ Grade Applying for: _____ K3/K4: Half or Full Day

Name and Address of
Last School Attended: _____

PARENT INFORMATION

FATHER

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____ Work Phone: _____

MOTHER

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____

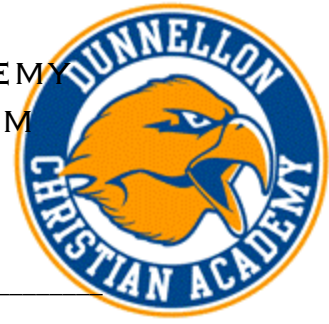
Employer: _____ Work Phone: _____

Student Lives Both Parents Mother Father
With: Step-Mother Step-Father Grandparents

IMPORTANT: If you are legally separated or divorced and your ex-spouse is legally prohibited from seeing or removing you child from school, our office MUST have a certified copy of the court order of Final Judgment.

CHURCH _____ **MEMBER:** YES NO

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**YOU NOW
ATTEND:**

**Name of
Pastor:** _____

Phone #: _____

Students grades have been: Above Average Average Below Average
 (A+ to B+) (B to C) (C- to F)

Has student failed any grade: YES NO IF yes, which grade? _____

Has student been expelled or
suspended from any school? YES NO
IF yes, please explain.

Has student ever taken any ADD, ADHD, or other mood-altering drug? YES NO
Is student currently taking any ADD, ADHD or other mood-altering drug? YES NO

Emergency Information

Please Note: When a student is in need of emergency medical attention, the office will call 911, the parent, and family doctor (in that order). In situations that are not emergencies, the parent will be notified first.

Student Name _____

Name of Doctor _____ Phone # _____

Insurance Company _____ Policy # _____ Phone # _____

Insured's Name: _____

ANY ALLERGIES OR SERIOUS ILLNESSES: YES NO
If yes, please explain: _____

Emergency Contact: (If parents are unavailable)
Name: _____ Home Phone # _____
Relationship: _____ Work Phone # _____

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Statement of Cooperation

In making application for my child it is my desire to have him/her complete the school year 2017-2018 at Dunnellon Christian Academy. It is also my understanding that the policy of the Academy is to make no refunds on Registration or Student Fees. I also give permission for my child to take part in all Academy activities, including sports and school-sponsored trips away from school premises, and I absolve the school from liability to me or to my child because of any injury to my child at school or during any school activity. Academy authorities are hereby given permission to discipline my child when necessary in accordance with Academy policies. I understand that the Academy has the right to ask me to withdrawal my child from the school if situations occur that are contrary to the school's policies. In all instances, the Administrator makes the final decision.

I understand that the charges for annual tuition will be divided into ten (10) equal installments. The ten-month payment plan has the first payment due August 1 and the last payment due May 1. Payments are due on or before the first of each month. Payments received after the 10th will result in a late charge of \$20 per family. ***Class attendance will not be permitted if the account is not paid by the first of the following month. The monthly payment is due regardless of the number of days attended or the number of school days in the month.***

I have accessed and read the DCA Handbook at www.dcaeagles.com, and my child and I agree to abide by the policies of Dunnellon Christian Academy and all principles of proper conduct held by the school.

Signature of Father/Stepfather/Guardian DATE

Signature of Mother/Stepmother/Guardian DATE

Signature of Student DATE

****How did you **originally** hear about Dunnellon Christian Academy?**

____ Friend/Family ____ Ocala Star Banner ____ Riverland News ____ Radio
____ Ocala Style Magazine ____ Family Times Magazine ____ Other _____

Friend or Family Member's Name: _____

Registration Checklist

Note: In order to become eligible to enter DCA, each current and prospective new student and his/her parents/guardian must do the following:



- Submit NON-REFUNDABLE Registration Fee of \$175.00.
- Sign Tuition Contract and complete all necessary forms.
- Submit a copy of student's certified birth certificate.
- Submit a blue Florida Immunization Form.
- Submit a doctor's health form (from State of Florida)
- Submit a copy of most recent report card.
- Submit a social security number
- Sign Parent Pledge
- Sign Student Pledge
- Read the Dunnellon Christian Academy Handbook: available online at www.dcaeagles.com
- **Submit a letter of recommendation from someone other than a family member (Pastor, Former School, Teacher, Community Leader, etc)
- **Arrange for a Parent/Student Interview (through Academy office)
- **Complete entrance exam if needed.

NO STUDENT WILL BE PERMITTED TO START UNTIL ALL OF THE ABOVE REQUIREMENTS ARE MET.

** New students only

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