

STUDENT REGISTRATION FORM

OFFICE USE ONLY	
Date Received: _____	<input type="checkbox"/> Sibling of current student <input type="checkbox"/> Child of DCA employee
Application Fee Paid: _____	

Please Print Neatly.

Application and required documentation must be completed in full and submitted before your child will be considered for admission. The non-refundable Application fee of \$50 must accompany the application.

GENERAL STUDENT INFORMATION

Currently in grade: _____ Applying for grade: _____ Social Security Number: _____

Applicant's Full Name: _____

Last

First

Middle

Date of Birth ___/___/___ Home phone: _____ Sex of Applicant: M or F

PARENT/GUARDIAN INFORMATION

Father's/Guardian's Full Name: _____

Last

First

Middle

Home Address: _____

Street

City

State

Zip

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email: _____ Cell: _____

Mother's/Guardian's Full Name: _____

Last

First

Middle

Home Address: _____

Street

City

State

Zip

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Email: _____ Cell: _____