



ADMISSIONS APPLICATION

Student Information

Student's Full Legal Name: _____
Last First Middle Preferred Name

Home Address: _____

City / State / Zip: _____

Place of Birth: _____ Citizenship: _____

Birth Date: _____ Age: _____ Male Female Grade Entering: _____

Family Information

Student lives with (check one): Both Parents Father Mother Guardian

Attending Church: _____ Denomination: _____

Church Member: Yes No How Long: _____ Do you attend regularly? Yes No

Father/Guardian Full Name: _____ Father's Preferred Name: _____
Last First

Home Address: _____ Guardian Relationship: _____

City / State / Zip: _____ Employer: _____

Phone (Home): _____ Phone (Cell): _____ Title: _____

Preferred Email: _____ Phone (Business): _____

Mother/Guardian Full Name: _____ Mother's Preferred Name: _____
Last First

Home Address: _____ Guardian Relationship: _____

City / State / Zip: _____ Employer: _____

Phone (Home): _____ Phone (Cell): _____ Title: _____

Preferred Email: _____ Phone (Business): _____

Additional Family Information: (Check where appropriate)

Father Deceased Mother Deceased Parents Separated Parents Divorced Father Remarried Mother Remarried

If divorced, who has legal custody? _____ With whom does the student live? _____

To whom should correspondence about this student be sent? Both Parents Father Only Mother Only

(see reverse)

Step-parent Name & Address: _____

City / State / Zip: (if applicable) _____

Siblings:

Name	Age	Present School	Applying to DCA
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Grade ____
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Grade ____
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Grade ____
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Grade ____

Office Use Only:

Date received: _____ By: _____

Date fee received: _____ Amount: _____ Method: _____

Return Application & Fee to:

DENVER CHRISTIAN ACADEMY
2243 N HWY 16 – PO BOX 529
DENVER, NC 28037