



## **DAYSPRING CLASSICAL CHRISTIAN SCHOOL APPLICATION FORM**

### ***1. Student Information***

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Grade Applying For: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***2. Parent/Guardian Information***

Parent/Guardian 1

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/Guardian 2 (if applicable)

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

### **3. Church Affiliation**

Church Name: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Are you a member? \_\_\_ Yes \_\_\_ No

\*\*Please provide a recommendation letter from a pastor or elder from the church.

### **4. Academic History**

Previous Schools Attended: \_\_\_\_\_

Has the student ever repeated a grade? \_\_\_ Yes \_\_\_ No

Has the student received special education services? \_\_\_ Yes \_\_\_ No

Please list any academic strengths or challenges:

### **5. Medical Information**

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Emergency Contact (other than parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **6. Statement of Faith & Commitment**

I/We have read the statement of faith of *Dayspring Classical Christian School* and understand that this will be the Biblical basis of our children's education. I/we understand that enrollment at *Dayspring Classical Christian school* requires supporting its mission, values, and biblical principles. I/we are in complete agreement with the Dayspring's statement on sexuality and marriage.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Please scan and email your completed document to:***

***DayspringClassicalChristiansch@gmail.com OR mail to:***

***Dayspring Classical Christian School  
P.O. BOX 6092  
Forsyth, Ga. 31209***

### **7. Office Use Only**

Date Received: \_\_\_\_\_

Application Fee Paid: \_\_\_\_ Yes \_\_\_\_ No

Interview Date: \_\_\_\_\_

Church Recommendation Letter Received: \_\_\_\_\_

Accepted: \_\_\_\_ Yes \_\_\_\_ No

Start Date: \_\_\_\_\_