



Darby  
Christian  
Academy

# New Family Application Checklist

Family Name: \_\_\_\_\_

Student(s): \_\_\_\_\_

Please initial or place a check by the following items and sign below.

\_\_\_ We have enclosed our completed New Family Application

\_\_\_ We have enclosed a Student Application for each child applying to attend DCA.

\_\_\_ We have enclosed our child(ren)'s non-refundable intent fee of:  
\$\_\_\_\_\_ (**\$50 per student application**)

\_\_\_ We have enclosed recent school records/standardized testing scores/report cards for each child applying to DCA.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use: For office use:

Date received: \_\_\_\_\_

Intent Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Student Visitation Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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# New Family Application

Parents' Names: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Children: **List all children, not only those applying for acceptance at DCA:**

Name	Age/Grade	Birth-date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Church Your Family Attends: \_\_\_\_\_

Please check the selection that applies to each family member's church attendance:

Father:      \_\_\_ weekly    \_\_\_ monthly    \_\_\_ occasionally  
 Mother:      \_\_\_ weekly    \_\_\_ monthly    \_\_\_ occasionally  
 Children:    \_\_\_ weekly    \_\_\_ monthly    \_\_\_ occasionally

Name of Pastor (or someone in your church leadership who knows your family):  
\_\_\_\_\_

Please summarize how you came to know Jesus Christ as your Savior and describe what He means to you now.

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the church or Christian service activities in which your family is currently involved:

Father: \_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_

Please summarize your philosophy of parenting:

\_\_\_\_\_  
\_\_\_\_\_

Please list the reasons you desire to unite with the community school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the area(s) in which you believe the Lord has gifted you and your spouse. List also your talents.

\_\_\_\_\_  
\_\_\_\_\_

This application needs to be accompanied by a \$50 intent fee per student. Upon receipt of application and intent fee, a date will be set for your family's interview. Your admission into DCA will be determined by the interviewing process. Upon acceptance, your registration fee per student will be due (\$50 intent fee will be applied). Please continue to pray for God's leading in this process.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Full Legal Name of Student: \_\_\_\_\_ Goes by: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Anticipated grade for next school year: \_\_\_\_\_

***Student must be 5 by September 1<sup>st</sup>, 2020 to enter Kindergarten.  
Student must be 6 by September 1<sup>st</sup>, 2020 to enter First Grade.***

Current grade \_\_\_\_\_ Current School \_\_\_\_\_

Have you applied or will you be applying at any other school this year? If so, which?  
\_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_  
Has your child ever participated in standardized testing? \_\_\_\_\_

*If a child has shown any indication of the following, it is the parent's responsibility to disclose that information on the Student Application: **specific learning disabilities, behavior disorders, psychiatric issues, special accommodation in the classroom of any kind, suspension, expulsion or other forms of administrative intervention.***  
*For the sake of the child, we want to be able to make as informed a decision as possible, thereby enabling the child to grow and change to experience a fresh start. In order to fulfill the covenant we have with our families to offer the kind of campus environment that aligns with our philosophy, **we must be given a complete and accurate review of the child's history.***

Has this student had any scholastic difficulty, indication of specific learning disabilities, behavior issues, or psychiatric issues?  
\_\_\_\_\_

Please explain any answers to which you answered "yes."  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any history of behavior problems that have resulted in suspension, expulsion, or other forms of administrative intervention or placement in special programs?

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Please explain any answers to which you answered "yes."

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Does your child need special accommodations of any kind in the classroom?

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Please explain any answers to which you answered "yes."

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Please summarize your child's present spiritual condition:

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**\*Current DCA Families:**

***Submit a Student Application with a registration fee for each child.***

**\*New DCA Families:**

***Submit a Student Application with a Family Application, Intent Fee, recent standardized testing scores and a recent report card, if applicable, to Darby Christian Academy, 14745 Bellamy Brothers Blvd, Dade City, FL 33525.***

***Please make all checks payable to Darby Community Church.***

*Darby Christian Academy admits students of any race, color, national and ethnic origin. We do not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admissions policies, athletic and other school-administered programs.*  
***Administration reserves the right to dismiss a child/family.***