

Delight Christian Academy

506 Doc Brown Road, Raeford, NC 28376

Phone: (910) 476-4577 Email: delightfulplacecc@gmail.com

Application for Admission Academic year: 2024 -2025

Applying for grade: _____ Application date: _____

Student's Name: _____
(Last) (First) (Middle)

Preferred name/nickname: _____ Birthdate: _____ Sex: _____

Student lives with both parents / mother / father / guardian (Please circle one)

Address: _____ Home Phone: _____
(Street Address) (City/State/Zip)

Siblings Name Age Present School Applying to CDA? (yes/no) Parent/Guardian Information

Mother/Guardian First/last name: _____

Relationship to applicant: _____

Home address (if different): _____

Cell phone: _____ Work phone: _____

Occupation: _____ Employer: _____

Email: _____

Father/Guardian First/last name: _____

Relationship to applicant: _____

Home address (if different): _____

Cell phone _____ Work phone: _____ Occupation: _____

Employer: _____ Email: _____

Current Church Affiliation Home church:

Church address: _____ City, State, Zip: _____

Pastor's name: _____ Email: _____