DISCOVERY DAY ACADEMY

THE LAB SCHOOL @DISCOVERY

Application Form

Student Information

Students Name: First_____ Middle_____ Last_____

Preferred Name (Nickname): _____ Date of Birth: _____

Gender: Male_____ Female_____ Social Security (Optional) _____-_____-_____

Current Home Address: _____

City: _____ State: _____Zip Code: _____

Student Lives With: _____

Current/Previous School: _____

Does your child have an IEP, 504, or Student Support Plan? _____ Yes _____ No (Please include a copy)

Programs of Application

Please place a check next to all applicable programs. Enrollment fees are notated on our tuition rate schedule, all fees are non-refundable.

Intermediate Program (Grade): _____ Primary Program (Grade): _____

Afterschool Enrichment (Intermediate & Primary Only): _____

Pre-K4 (VPK): _____ Pre-K3: _____ Toddler: _____

Proposed Enrollment: Month_____ Year_____ or Current Student_____

Family Information

Mother's Name: _____ Cellular Phone: _____

Employer: _____ Business Phone: _____

Address (If Different from Student): _____

E-mail Address: _____

Father's Name: _____ Cellular Phone: _____

Employer: _____ Business Phone: _____

Address (If Different from Student): _____

E-mail Address: _____

Enrolled or Enrolling Siblings: _____

How did you learn about Discovery Day Academy? _____