



Application Form

For Office Use Only

Date Received: _____

Year of Entrance: _____

Enrollment Age: _____

Class Placement: _____

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? _____