

Applying for Grade _____ Enrolling in August, 20_____ Today's Date _____

Complete and mail this application form to Daystar with a non-refundable \$40 application fee and a copy of the child's birth certificate.

STUDENT INFORMATION

Full Name _____ Male Female

Prefers to be called _____ Date of Birth (MM/DD/YY) _____

Preferred Home Address for Student _____

City/State/Zip _____ Phone _____

Citizenship(s) _____ Place of Birth _____

Languages spoken at home _____

Child lives with (check all that apply):

- Father Stepfather Mother Stepmother
 Other _____

Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Parents are married | <input type="checkbox"/> Parents are divorced | <input type="checkbox"/> Father deceased |
| <input type="checkbox"/> Parents are separated | <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother deceased |
| <input type="checkbox"/> Parents never married | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Single parent |
| <input type="checkbox"/> Father has custody | <input type="checkbox"/> Mother has custody | <input type="checkbox"/> Joint custody |

Student's Racial/Ethnic Background

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multiracial/Ethnic |

EDUCATIONAL HISTORY

Has the student previously applied to Daystar School? Yes No Year _____

Have you previously had children enrolled at Daystar School? Yes No

Name of Present School _____ Present Grade _____

- Independent/Private Parochial Public Home School

Attended Since (mo/yr) _____

Address of School _____

City/State/Zip _____ School Phone _____

Head of School _____ Teacher's Name _____

Other Schools Attended:

Name	Address	Director/Head of School	Dates of attendance

Briefly state reasons for leaving present school: _____

If your child is currently being home-schooled please provide the name of any person or organization that is being used to evaluate your child: _____

Daystar School is not equipped or staffed to handle students with significant or severe learning disabilities or those who struggle behaviorally. For your child's best interest, please be candid when you answer the following questions.

Learning Disabilities

- Has your child repeated any grade? Yes No If yes, which grade? _____
- Participated in Early Childhood Intervention? Yes No
- Have an IEP or 504 Plan? Yes No
- Learning difficulties in reading? Yes No
- Learning difficulties in math? Yes No

Is your child currently receiving additional help outside the classroom such as tutoring, reading help, speech or language therapy? Yes No If yes, please describe the help: _____

Educational/Psychological Evaluations

Ever referred for testing? Yes No If Yes, when? _____
Type of testing _____ Was testing completed? Yes No

Socialization or Behavioral Problems

- Experienced discipline problems? Yes No
- Problems with distractibility? Yes No
- Problems with impulsivity? Yes No
- Problems with sensory integration? Yes No
- Been placed on probation? Yes No
- Been suspended? Yes No
- Been expelled? Yes No

Do you suspect or have reason to believe that your child suffers from hyperactivity, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), central auditory processing disorder (CAPD), oppositional defiant disorder (ODD), learning disability or disorder of any nature (LD); visual or auditory deficiencies? If so, please explain: _____

Medical Conditions

Does the applicant have any medical condition the school should be aware of? Yes No

If yes, what? _____

Does the student have any major physical limitation that would in any way affect his/her ability to achieve academically or physically, including physical education? Yes No If yes, what? _____

Does a specialist provide services for your child? Yes No

Name _____

Address _____ Phone _____

Does your child currently take any prescription medicine for a chronic physical, mental, behavior or learning related issue? If so, give details: _____

Daystar School does not discriminate on the basis of race, color, national origin, or ancestry in the administration of its educational policies, scholarship and loan programs, school-administered programs and activities or in its admission and employment practices.

FAMILY INFORMATION (FOR SCHOOL YEAR OF APPLICATION)

(Mr./Dr./Rev.) _____

Relationship to applicant Father Stepfather
 Legal Guardian Other: _____

Home Address _____

City/State/Zip _____

Home Telephone _____

Cell Phone _____

Email _____

Use the above address for correspondence

Occupation _____

Employer _____

Position/Title _____

Employer's Address _____

City/State/Zip _____

Work Phone _____

College(s) attended _____

Degree(s) earned _____

(Ms./Dr./Rev.) _____

Relationship to applicant Mother Stepmother
 Legal Guardian Other: _____

Home Address _____

City/State/Zip _____

Home Telephone _____

Cell Phone _____

Email _____

Use the above address for correspondence

Occupation _____

Employer _____

Position/Title _____

Employer's Address _____

City/State/Zip _____

Work Phone _____

College(s) attended _____

Degree(s) earned _____

Other Children in Family

Name _____ Age _____ School(s) _____

Name _____ Age _____ School(s) _____

Name _____ Age _____ School(s) _____

How did you learn of Daystar School? _____

Why do you want your child/children to be educated at Daystar? _____

Do you define yourself as a Christian? Yes No If yes, explain what this means to you:

Are you an active member of a church? Yes No

Name of church: _____ Phone: _____

Name of pastor: _____

How would you describe the ideal school for your child/children? _____

Do you have any outstanding accounts at any other educational institutions? Yes No

Do you agree to have your child/children taught according to Daystar’s Education Philosophy and Statement of Faith? Yes No

Check if enrollment of child is contingent on availability of: Financial Aid Extended Day Program

PARENTAL CONSENT

We hereby authorize Daystar School to contact the applicant’s previous school and teacher(s) to obtain previous academic records, curriculum information, and teacher(s) opinion regarding Applicant’s school performance. All such information will be kept strictly confidential by the school.

We (I) have read and understand this application, and we (I) further certify that the information is complete and accurate to the best of our (my) knowledge. We (I) agree to communicate in writing any changes contained herein to the School Office, even if said changes occur after my child has been enrolled. We (I) understand that upon discovery of inaccuracy or intentional omission of any information requested herein, Daystar School reserves the right to revoke admission to the school. Upon acceptance, we (I) grant Daystar School the right to place our (my) child at the appropriate grade level.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____