

Danville Christian Academy

2170 Shakertown Road, Danville, KY 40422



Student Application

Student Information

Last Name: _____ First Name _____ Middle Initial _____
Goes by: _____ Social Security # _____ - _____ - _____ Birthday: ____/____/____ Age: _____
Church Affiliation: _____ Church Member: _____ Yes / _____ No
Sex: _____ Race: _____ Student Email address: _____
Present Grade Level: _____ Student Cell Phone: _____

Family Information

Father's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ P.O. Box: _____ Home Phone _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext. _____
Legal Relationship to Student: _____ Lives with Student? _____ Yes / _____ No
Financially Responsible? _____ Yes / _____ No Father's Email Address _____
Work Hours from _____ to _____ Cell Phone: _____ Cell Phone Carrier: _____

Mother's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ P.O. Box: _____ Home Phone _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext. _____
Legal Relationship to Student: _____ Lives with Student? _____ Yes / _____ No
Financially Responsible? _____ Yes / _____ No Mother's Email Address _____
Work Hours from _____ to _____ Cell Phone: _____ Cell Phone Carrier: _____

Grandparents: *(We would like to send them information about our school and invite them to Grandparents' Day)*

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip _____
Phone: _____	Phone: _____

Admission Information

You are applying to attend what grade? _____
School attended last year: _____
Address of school: _____
Have all financial obligations been fulfilled at the school listed above? _____ Yes / _____ No
Has any grade been repeated? _____ If yes, which one: _____ Reason: _____
Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? _____ Yes / _____ No

Applicant:

New Students: (5th – 12th) Please fill out NEW STUDENT PERSONAL STATEMENT and attach to this application.

Are you willing to commit to working diligently in our academic program? _____ Yes / _____ No

Please give the specific name of the church where you and your child attend or are members:

Do you attend regularly? _____ Does your family? _____ Denomination: _____ Pastor: _____

Church Mailing Address: _____

IMPORTANT! NEW STUDENTS!

Please send a recommendation form to two of the following only: One must be from your pastor, children's pastor, youth pastor and one must be from a current or previous teacher, guidance counselor or school principal.

Recommendations from other sources will not be accepted. List below the two persons chosen:

1: Name: _____ Phone: (____) _____ Relationship: _____

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