



Enrollment Documents

In order to complete the enrollment process, we will need the following documents or copies (where applicable) for each student:

- Application For Admission
 - Family Commitment
 - Financial Commitment
 - Release of Claims
 - Attendance Policy
 - Website Identity Publication Form
 - Student Release Authorization Form
 - HIPAA Form
 - Medical Information Form
 - Consent for Medication Dispensing
 - Emergency Contact Form
 - Student Records Request
 - Pastor's Letter of Recommendation
- Additional Documentation:
- Recent Student Report Card
 - Current Immunization Record
 - Birth Certificate
 - Jr/Sr High Student Application
 - Driver's License – For Driving Student
 - Auto Insurance Card – For Driving Student

If you have any questions, please come by the office or call 635-3759.

APPLICATION FOR ADMISSION

Date: _____

This application is for students who desire to enroll in Destiny Christian Academy for the _____ academic year. Student is not accepted until registration is paid in full.

Student Name: _____ Gender: M / F Birthday: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Email: _____

Father's Name _____ Employer _____

Father's Cell Phone _____ Text? Y N Work Phone _____

Mother's Name _____ Employer _____

Mother's Cell Phone _____ Text? Y N Work Phone _____

Relationship of parents: Married ____ Divorced ____ Widowed ____ Never Married ____

Name of person legally responsible for student: _____

Non-Parent Emergency Contact: _____

Relationship _____ Phone _____

Special health notes: _____

Age _____ Birth Place _____

Grade Entering _____ Transferring from _____

Reason for Transfer _____

How did you hear about D.C.A. _____

Church _____ Pastor _____

Church Phone _____ Attend Regularly ____ Yes ____ No

Are there any health concerns/issues that Destiny Christian Academy needs to be aware of?

Does student have any disabilities? _____

Is Student Shy? _____ Overactive? _____ Have Excessive Fears? _____

Does He/She Like School? _____ Interact Well With Others? _____

I understand that all pupils who show symptoms of communicable disease are to be excluded from classes until readmission is acceptable to school authorities. I will cooperate by keeping my child home during such times and informing the school of such.

Parent/Guardian Initial _____

Family Commitment to DCA

Please read and initial

- ___I understand that the school program is an integral part of child training of which I am expected to support.
- ___I hereby commit to assume my scriptural responsibility for financial support of the school.
- ___I understand my child is expected to take part in school activities, including P.E. and sponsored trips away from the school, and I absolve the school from liability to me or my child because of injury to my child at properly supervised school activities.
- ___I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignment.
- ___I have read and understand the absence and tardy policies and will make sure to have my child to school regularly and on time.
- ___I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonor to the Godhead or Word of God, or disrespect to any staff at the school.
- ___I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply with established regulations and discipline, or whose parents do not assume their responsibilities to the school.
- ___I have read the parent handbook and agree to abide by all policies set forth.
- ___I understand and agree to the terms stated on this application.

Parent/Guardian Signature

Date

Financial Commitment

I realize that in order to meet the income of the school, it is necessary that I keep my child enrolled for the full school term, and if circumstances beyond my control force me to withdraw my children, I agree to give 30 day's written notice to Destiny Christian Academy, and to pay tuition in full.

I realize that Destiny Christian Academy is a non-profit organization. I understand that if my bill is not paid by the 11th of each month, I will pay a late fee of \$25.00 or 10% whichever is greater on the amount due, and if not paid by the end of the month, I understand that my child will not be allowed to return to DCA until such time I am able to make the payment in full.

I understand that all registration and curriculum fees are non-refundable.

I understand that there is a \$25.00 service charge on all returned or resubmitted checks and if two checks are returned or resubmitted within the school year, I will make all future payments by way of cash, money order, or cashier's check. (Service charge is subject to change if bank increases fee).

I understand that payments are to be handled through the office or school administrator and not through the classroom supervisor. I may also mail the payments to the office at **215 E. 8th Street, Cheyenne, WY 82007.**

I understand that records and/or report cards will not be issued or released until total accounts have been paid in full.

If you are unable to participate in any fundraiser, a charge of \$100 will be added to your account.

Parent/Guardian Initial _____

Release of Claims

This release of claim agreement is made and entered into on this _____ day of _____, by Destiny Christian Academy (DCA) and _____, Parent(s)/Guardian of _____, your child, in the City of Cheyenne, Laramie County, in the State Of Wyoming, in allowing my child or ward to participate in all school activities of DCA for the _____ school year. I do hereby release DCA, its agents, employees, members, and administrator for all personal injuries known or unknown which _____ (name of child) has or may incur by participating in the activities of the school. Should legal action be brought in contradiction of this release, I agree to reimburse the parties against whom it is brought for all reasonable attorney's fees and court costs. If I reach a point of disagreement on an issue of a non-criminal nature with DCA, and/or its legal corporate entity, in keeping with I Corinthians 6:1, I agree to submit to a board of conciliation and the members and officials of the school rather than taking the dispute to a civil court. I agree that the procedure to be followed, including costs involved, would be that which the Christian Legal Society has established.

I have read the release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Initial _____

Attendance Policy

1. Every student is expected to attend **PUNCTUALLY** and **REGULARLY**. If a student is **absent or tardy**, the parent should **call** into the office by **10:00** am to inform the school of the absence and reason. If the parent does not call, the absence or tardy will be recorded as unexcused.

2. No student will be permitted to leave the school at any time before the regular hour of dismissal except by written permission of the parent.

3. Students must have a note from parents to leave school with anyone other than regular driver.

4. Students that are absent 3 or more consecutive days due to illness will require a doctor's note for the student to be allowed to return to school.

Parent/Guardian Initial _____

Website Identity Publication Form

Destiny Christian Academy's website and social media pages can/will include multimedia content in the form of pictures of the staff, students, and parents taken throughout the year of school related activities and events. Because the primary audience of our website would be better served by posting photographs of these activities and events, we have set the following Web Privacy Policy guidelines.

- **Elementary:** Only group pictures will be published. No pictures of a single child will be used without special consent. Also, students will not be identified, only the activity, and if appropriate, date and location.
- **Middle School:** Only group pictures will be published. No pictures of a single child will be used without special consent. If space permits, the student's first name, as well as their class or event may identify the student in the picture. Example: John, Miller Farms Field Trip, 2007.
- **High School:** Individual and group pictures will be published. The student(s) may be identified as listed above.

No inappropriate or questionable content will be posted. The school administrator will preview the website or social media page before it is posted for public viewing.

Student's personal information will never be posted. i.e.

- Phone numbers
- E-mail addresses
- Home address

At the parent(s) request, we will make the following accommodations:

- Withhold the student's name in High School or Middle School.
- Withhold individual pictures of High School students.
- Not publish any pictures of the student.

We welcome your input regarding these guidelines. Please let us know if there are any questions you have concerning our policy.

Permission to Post Pictures: Yes _____ No _____

Accommodations: _____

Parent/Guardian Initial _____

Student Release Authorization

I, _____, do hereby authorize Destiny Christian Academy for the _____ school year to release my child,

_____ to the following individual(s):

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Initial _____

HIPAA (Health Insurance Portability and Accountability Act) Release Form

Date: _____

Student Name: _____

I, _____, for the _____ school year give Destiny Christian Academy's nurse permission to discuss anything that will benefit my child with the DCA staff. Parent/Guardian will be notified prior to any discussion; any discussion between the DCA nurse and staff is confidential.

Parent/Guardian Signature

Medical Information Form

Do you Immunize? Yes or No

Does your child have allergies of any kind? _____ If yes, Please

list: _____

Has your child been diagnosed with any medical conditions? _____ If yes, Please

list: _____

Does your child take any prescription medication? _____ If yes, Please list medication, dosage, start date, related diagnosis/reason for medication

use: _____

I will notify the school of any changes to my child's medical status. I understand that all students who show symptoms of communicable disease are to be excluded from classes until readmission is acceptable to school authorities. I will cooperate by keeping my child home during such times and informing the school as such.

Parent/Guardian Signature

Consent for Medication Dispensing

I, _____, for the _____ school year give Destiny Christian Academy's nurse and staff permission to administer medication(s) as follows [check all that apply]:

- Antacid
- Antiseptic
- Benadryl Cream
- Cough Drops
- Cough Syrup
- Eye Drops
- Hydrogen Peroxide
- Orajel
- Ibuprofen
- Rubbing Alcohol
- Triple Antibiotic Ointment
- Tylenol
- Other _____

Additional Comments/Medications:

I will notify the school of any changes to my child's medical status and any potential medication interactions.

Parent/Guardian Signature

Emergency Contact Form

Student Name: _____

Legal Guardian Name(s), Relationship, and Profession/Military: -

Mailing

Address: _____

Email(s): _____

Legal Guardian Phone Number (cell/texting ok-Yes or No): _____

Legal Guardian Phone Number (cell/texting ok-Yes or No): _____

Additional Phone Number (home): _____

Additional Phone Number(s) (business): _____

Additional Phone Number(s) (other): _____

1st Emergency Contact (other than legal guardian) Name and Relationship: _____

1st Emergency Contact Phone Number (cell/texting ok-Yes or No): _____

1st Emergency Contact Additional Phone Number (home): _____

1st Emergency Contact Additional Phone Number(s) (business): _____

1st Emergency Contact Additional Phone Number(s) (other): _____

2nd Emergency Contact (other than legal guardian) Name and Relationship: _____

2nd Emergency Contact Phone Number (cell/texting ok-Yes or No): _____

2nd Emergency Contact Additional Phone Number (home): _____

2nd Emergency Contact Additional Phone Number(s) (business): _____

2nd Emergency Contact Additional Phone Number(s) (other): _____

Allergies:

Additional Comments:

Parent/Guardian Initial _____

Records Request

TO: _____

I authorize you to release records and other information as indicated below for:

Student Name: _____

Age: _____ Date of Birth: _____

_____ Academics/Attendance

_____ Test Scores

_____ Evaluation Reports

_____ Other (Health, etc.)

Please send to:

Destiny Christian Academy
215 E. 8th Street
Cheyenne, WY 82007
Phone: (307) 635-3759
Fax: (307) 634-7591

Parent/Guardian Signature

Destiny Christian Academy
PASTOR LETTER OF RECOMMENDATION

Church Name _____

Pastor _____

Student Name _____

Dear Pastor,

We recently filled out an application for admission with Destiny Christian Academy. We would appreciate if you would prayerfully take the time to write this letter for our child. We understand that the contents of this letter are between you and Destiny Christian Academy. Thank you.

Parent Signature

Dear Destiny Christian Academy,

Please check one.

_____ I highly recommend _____ I would not recommend

_____ for enrollment

Student name

Please give a brief explanation.

_____ Parents and Child are in submission to leadership in church.

_____ Parents and/or Child are not in submission to leadership in church.

Please give a brief explanation.

Pastor's Signature

Date

Destiny Christian Academy will keep this letter and all of its contents personal and confidential. Please mail to: Destiny Christian Academy, 215 E. 8th Street, Cheyenne, WY 82007.