

| For Office Use Only: | | |
|-----------------------------|-------|-----------------------------|
| Initial | Date | Transcript Req. |
| Tested _____ | _____ | Perm. Rec. Update _____ |
| Interview _____ | _____ | Birth Cert./Imm. Rec. _____ |
| Reg. Fee Paid _____ | _____ | Medication _____ |
| Accts. Rec. _____ | _____ | Ext. Tr. Roll _____ |
| Class List/Comp. Rec. _____ | _____ | Admin. Letter _____ |

DESTINY

CHRISTIAN SCHOOL



3801 S.E. 29th Street ♦ P.O. Box 15300 ♦ Oklahoma City, OK 73155

servicing the community over 25 years as Mid-Del Christian School

405.677.6000
fax-405.677.6066

destinywildcats.com

12-13 New Student Application

Date _____

Student ID # _____

Parent ID # _____

Student's Name _____ Name Used _____
Last First Middle

SS# _____ Birth Date _____, _____ Age _____ Boy _____ Girl _____ Race _____ Grade _____ AM/PM
2012-2013

Church Attending _____ Pastor's Name _____

Parental Information:

Parent 1: Name _____ E-Mail Address _____

Address _____ HomePhone _____
Street City State Zip

Occupation _____ Work Phone _____ SS# _____

Employer _____ Cell Phone/Beeper/Other Phone(s) _____

Relationship to Student _____ Lives with Student: Yes No **Mail:** Yes No **Responsible for Bill:** Yes No

Parent 2: Name _____ E-Mail Address _____

Address _____ HomePhone _____
Street City State Zip

Occupation _____ Work Phone _____ SS# _____

Employer _____ Cell Phone/Beeper/Other Phone(s) _____

Relationship to Student _____ Lives with Student: Yes No **Mail:** Yes No **Responsible for Bill:** Yes No

If applicable:

Guardian: Name _____ E-Mail Address _____

Address _____ HomePhone _____
Street City State Zip

Occupation _____ Work Phone _____ SS# _____

Employer _____ Cell Phone/Beeper/Other Phone(s) _____

Relationship to Student _____ Lives with Student: Yes No **Mail:** Yes No **Responsible for Bill:** Yes No

Name, Address, & Phone of Living Grandparents:

Name _____ Address _____ Phone _____
STREET CITY STATE ZIP

Name _____ Address _____ Phone _____
STREET CITY STATE ZIP

Emergency Contacts - OTHER THAN PARENTS OR GUARDIANS LISTED ABOVE: (MUST be completed)

Name _____ Phone _____ Relationship to Student _____

Name _____ Phone _____ Relationship to Student _____

Have you ever attended DCS before this year?

Yes No

How did you learn of DCS?

Other _____

A family presently enrolled in DCS Our church

Yellow Pages Newspaper (Name) _____

Other children under 18 years of age living with the family:

Name

Age

School Attending

Grade

Are you applying for admission of all family children eligible for DCS? _____ If not, why? _____

Student Information:

School attending or last attended _____ School _____ School District _____

Address _____ City _____ State _____ Zip _____ Phone _____

Ever suspended _____, expelled _____, or asked to withdraw _____, from any school?

If yes, explain: _____

Describe the student's interests, talents and abilities (physical, mental, artistic, musical, social, etc.):

Why do you want your child to transfer to DCS? _____

Medical Information:

If needed, the school may administer the following circled items to my child:

Additional permission slips must be completed for prescription medicine.

Tylenol _____ Ibuprofen _____ Benadryl _____ Other _____

Allergies, medical problems, handicaps _____

Student's Doctor _____ Phone _____ Hospital Preferred _____

I: _____ Do _____ Do Not _____ authorize any such treating physician or medical personnel to administer blood or blood products to my child.

Billing Information:

Pre-School/Kindergarten _____ 1/2 day AM(8-11am) _____ full day (8am-3pm) _____ full-day + Extended Training (6am-6pm)

1st-6th Grades _____ tuition only (7:30am-3:30pm) _____ tuition + extended training (includes before & after school care)
Please Note: Drop-In rate must be arranged through the bookkeeper.

7th-12th Grades _____ tuition

Approximate time you will pick up your child _____.

Person or persons other than yourself that has permission to pick up your child:

Name _____ Relationship _____ Name _____ Relationship _____

Name _____ Relationship _____ Name _____ Relationship _____

Parental Agreement

My child, _____ has my permission to participate in all activities, including off campus field trips, which are planned as a part of any session of the school.

I understand and agree that DCS may publish my child's pictures and directory information in school publications, including online, throughout the school year. *If you do not want this information published, check here*

I understand and am in agreement with the discipline policy at Destiny Christian School. I authorize the school's administration to implement and administer discipline according to this policy

Being aware that Destiny Christian School negotiates contracts with teachers, support personnel, vendors and services for the entire year based on the registration of my child; I understand that this is a contractual agreement and I hereby assume full responsibility for the payment of all tuition and fees due to the school.

I agree to pay my 2012-2013 tuition on a regular _____ yearly _____ semester _____ monthly _____ semi-monthly basis.

Signed _____ Date _____