

For Office Use Only:	
Reg. Fee Paid _____	Initial _____ Date _____
Accts. Rec. _____	
Class List/Comp. Rec. _____	
Extended Training Roll _____	

# DESTINY CHRISTIAN SCHOOL



405.677.6000  
fax-405.677.6066

3801 S.E. 29th Street ♦ P.O. Box 15500 ♦ Oklahoma City, OK 73155  
serving the community over 25 years as Mid-Del Christian School

destinywildcats.com

## 10-11 Returning 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

Church Attending \_\_\_\_\_ Pastor's Name \_\_\_\_\_

**Parental Information (if changed):**

**INFO SAME AS LAST YEAR -**   
(continue to back page)

**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 \_\_\_\_\_

If not at DCS last year - previous school attended:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

<u>Name</u>	<u>Age</u>	<u>School Attending</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

**Medical Information: (must be completed each year)**

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

*Additional permission slips must be completed for prescription medicine.*

Tylenol \_\_\_\_\_ 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: (must be completed each year) \_\_\_\_\_**

**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: **SAME AS LAST YEAR -**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Parental Agreement (must be completed and signed each year)**

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 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 2010-20111 tuition on a regular \_\_\_\_\_ yearly \_\_\_\_\_ semester \_\_\_\_\_ monthly \_\_\_\_\_ semi-monthly basis.

Signed \_\_\_\_\_ Date \_\_\_\_\_