

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 15300 ♦ Oklahoma City, OK 73155
serving the community over 25 years as Mid-Del Christian School

destinywildcats.com

12-13 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 _____ 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: (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 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 _____