



DESTINY CHRISTIAN SCHOOL

405.677.6000
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3801 S.E. 29th Street | P.O. Box 15300 | Oklahoma City, OK 73155
DESTINYWILDCATS.COM

For Office Use Only:

| | Initial | Date |
|------------------------|---------|------|
| Reg. Fee Paid | | |
| Accts. Rec. | | |
| Class List/Comp. Rec. | | |
| Extended Training Roll | | |

24-25 Returning Student Application

Student's Name _____ Name Used _____
Last First Middle
 SS# _____ Birth Date _____, _____ Age _____ Boy _____ Girl _____ Race _____ Grade _____ AM/PM
 Church Attending _____ Pastor's Name _____

Date _____
 Student ID # _____
 Parent ID # _____

Parental Information:

Parent 1: Name _____ E-Mail Address _____
 Address _____ HomePhone _____
Street City State Zip
 Occupation _____ Work Phone _____ SS# _____
 Employer _____ Cell Phone _____
 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 _____
 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 _____
 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 _____

Did your student receive any special services from their previous school? (IEP, 504, etc) YES NO

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 Tums 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:

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 2024-2025 tuition on a regular _____yearly _____semester _____monthly _____semi-monthly basis. ****If receiving tax credit, I agree to pay any additional amount due.*

Signed _____ Date _____