

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 13300 ♦ Oklahoma City, OK 73155

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

**405.677.6000**  
fax-405.677.6066

*destinywildcats.com*

## 10-11 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  
2010-2011

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  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 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 2010-2011 tuition on a regular \_\_\_\_\_ yearly \_\_\_\_\_ semester \_\_\_\_\_ monthly \_\_\_\_\_ semi-monthly basis.

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