

Application for Admission for Dublin Christian Academy

ONE PER CHILD IS REQUIRED

Staple Photo of Applicant
(optional)



form **DU-01**
year **18-19**

Application Type

US International Fall Mid-year Day Dorm

Student Applicant

Applicant's Legal Last Name		Applicant's Legal First, Middle Name	
Preferred Name		Current Grade	Applying to Grade
Gender <input type="radio"/> Male <input type="radio"/> Female	Citizenship		Student Cell
Age	Date of Birth	Home Phone	
Street Address			City
State	ZIP	Student Email	
Applicant Lives With (check all that apply) <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-Mother <input type="radio"/> Step-Father <input type="radio"/> Guardian <input type="radio"/> Other:			
Parents Are Divorced <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, please attach copy of Custody Agreement</i>		Applicant Lives At <input type="radio"/> 1 Location <input type="radio"/> 2 Locations <input type="radio"/> More than 2 Locations	

Current School (or school last attended)

Name of School		Grade(s) Attended	
Street Address		City	
State	ZIP	Phone	Principal

Church

Name of Church			
Street Address			City
State	ZIP	Phone	Pastor

Family Members Who Attended DCA

Name (Maiden)	Relationship	Graduated

When deciding to apply, which of these resources did you use to evaluate Dublin Christian Academy (check all that apply)?

Admissions Brochures / Literature DCA's Website Other Internet Research Books / Magazines Friend's Opinions
 Campus Tour Open House Fine Arts Event

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Dublin Christian Academy does not discriminate on the basis of race, color, ancestry, religion, national and ethnic origin, gender, or disability, in the administration of its admissions and educational policies and financial aid programs.

APPLICATION IS 2 PAGES ⇨



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F: (603) 563-8008

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admissions@dublinchristian.org

Visit us online at
www.dublinchristian.org



Father

Title	First Name	Last Name	
Street Address			City
State	ZIP	Home Phone	Cell Phone
Email			Work Phone
Occupation	Place of Employment		

Mother

Title	First Name	Last Name	
Street Address			City
State	ZIP	Home Phone	Cell Phone
Email			Work Phone
Occupation	Place of Employment		

Guardian / Step-Parent

Title	First Name	Last Name	
Street Address			City
State	ZIP	Home Phone	Cell Phone
Email			Work Phone
Occupation	Place of Employment		
Relationship to Applicant		Relationship to Mother/Father	

Agreement Statement

During the application process, we can only send correspondence to one address. To whom should admission correspondence be sent? <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Guardian / Step-Parent	If accepted to DCA, would you allow the school to send an acceptance letter to your child? <input type="radio"/> Yes <input type="radio"/> No, please send the acceptance letter to the parent(s).
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I acknowledge that I waive my right of access to confidential information in my child's admission file. I also understand that any misleading and/or false information pertaining to any aspect of an applicant's application may warrant a thorough review of the file at any time prior to or after the applicant's enrollment at Dublin Christian Academy. I also acknowledge that DCA is a Christian school; has daily Bible class, weekly chapel services and they teach the Bible and seek to exalt the Lord Jesus Christ throughout the school day.

Parent Signature	Date
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Application Fee Payment

A \$35 (US) or \$100 (International) application fee is required with this application.

* Referred By:

Payment by Credit Card

Discover Card Master Card VISA American Express

Card #

Expiration CW

Print Name on Card

Payment by Check

Attached is a check

Check #

Payment by PayPal

I will make payment via PayPal

