## Application for Admission for Dublin Christian Academy

ONE PER CHILD IS REQUIRED

Staple Photo of Applicant (optional)



| O US O Ir   | nternational          | O Fall        | ○ Mid-year                           |                   | <b>O</b> Day  | O Dorm      |  |  |
|---|-----------------------|---------------|--------------------------------------|-------------------|---------------|-------------|--|--|
| Student Applicant   |                       |               |                                      |                   |               |             |  |  |
| Applicant's Legal Last Name   |                       |               | Applicant's Legal First, Middle Name |                   |               |             |  |  |
| Preferred Name  |                       |               | Current Grade Applyi                 |                   | Applying to ( | ng to Grade |  |  |
| Gender • Male • Female  |                       | Citizenship   | Student Cell                         |                   | II            |             |  |  |
| Age   | Date of Birth         | I             | Home Phone                           |                   |               |             |  |  |
| Street Address  |                       |               | City                                 |                   |               |             |  |  |
| State   | ZIP                   | Student Email | <u> </u>                             |                   |               |             |  |  |
| Applicant Lives With (check all that apply) • Mother • Father • Step-Mother • Step-Father • Guardian • Other:   |                       |               |                                      |                   |               |             |  |  |
| Parents Are Divorced • Yes • No Applicant Lives At • 1 Location • 2 Locations • More than 2 Locations of 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     |             |  |  |
| Name (Maiden)   |                       |               | Relationship                         |                   | Graduated     |             |  |  |
| Name (Maiden)   |                       |               | Relationship                         |                   |               | Graduated   |  |  |
| When deciding to apply, which of these resources did you use to evaluate Dublin Christian Academy (check all that apply)?  O Admissions Brochures / Literature O DCA's Website O Other Internet Research O Books / Magazines O Friend's Opinions O Campus Tour O Open House O Fine Arts Event |                       |               |                                      |                   |               |             |  |  |
| NOTICE OF NONDISCRI   | MINATORY 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  | for Admission (                             | Page 2)                         |  |                      | form DU-UI  |  |
|--|---|---------------------------------|--|----------------------|---|--|
| Father   |   |                                 |  |                      | A. Mark Hyper.  |  |
| 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 F   |   | Place of Employment             |  |                      |   |  |
| Guardian / Step-I  | Parent                                      |                                 |  |                      |   |  |
| Title  | First Name                                  |                                 | Last Name  |                      |   |  |
| Street Address   |   |                                 | 1  | City                 |   |  |
| State  | ZIP   | Home Phone                      |  | Cell Phone           |   |  |
| Email  |   |                                 |  | Work Phone           |   |  |
| Occupation P   |   | Place of Employment             | Place of Employment  |                      |   |  |
| Relationship to Applican   | t   |                                 | Relationship to Mother/Father  |                      |   |  |
| Agreement State  | ement                                       |                                 |  |                      |   |  |
|  | rocess, we can only send corres             | pondence to one address.        | lence to one address. If accepted to DCA, would you allow the to your child? |                      | e school to send an acceptance letter   |  |
| To whom should admission correspondence be sent?  O Father O Mother O Guardian / Step-Parent |   |                                 | ✓ Yes ✓ No, please send the accept   |                      | ceptance letter to the parent(s).   |  |
| any aspect of an applicant   | 's application may warrant a tho            | rough review of the file at any | time prior to or after the appli   | icant's enrollment a | ng and/or false information pertaining to<br>at Dublin Christian Academy. I also ac-<br>Jesus Christ throughout the school day. |  |
| Parent Signature   |   |                                 |  | Date                 |   |  |
| Application Fee F  | Payment                                     |                                 |  |                      |   |  |
| A \$35 (US) or \$100 (In<br>fee is required with th  | ternational) application<br>is application. | ication. O Discover Card C      |  | merican Express      | Payment by Check  O Attached is a check   |  |
| * Referred By:   |   | Card #                          |  |                      | Payment by PayPal  O I will make payment via PayPal   |  |
|  |   | — Print Name on Card            |  |                      | ○ I will make payment via PayPal  |  |
| CUI SIN SEMIS  | 2: (603) 563-8505<br>3: (603) 563-8008      | _                               | d, <b>Dublin, NH 03444</b><br>dublinchristian.org                            | wv                   | Visit us online at<br>vw.dublinchristian.org  |  |