

DAYSPRING ACADEMY CHURCH SCHOOL ENROLLMENT FORM

I. TO BE COMPLETED BY PARENT OR GUARDIAN:

Student Name: _____

Date of Birth: _____ Grade: _____

Address: _____ City: _____

County: _____ Zip: _____ Phone: _____

Parent/Legal Guardian Signature

Date

II. TO BE COMPLETED BY PARENT:

CONSENT for NOTIFICATION OF STUDENT WITHDRAWAL

I hereby give prior consent to the administrator of DaySpring Academy to notify the Public school superintendent should the above-named student cease attendance at DaySpring.

Parent/Legal Guardian's Signature

Date

III. TO BE COMPLETED BY ADMINISTRATOR:

Church School of Enrollment :

Address:

Email:

DaySpring Academy/High School

4216 S Butler St, Atmore, AL 36502

dayspringacademy1996@gmail.com

Administrator's Signature

Date

DAYSPRING ACADEMY ADD A STUDENT FORM

Date: _____ **County:** _____

School District: _____ **city/county system:** _____

Guardian/Parent Name: _____

Address: _____ City/zip: _____

Cell: _____ Home Phone: _____

Email: _____

Referred by: _____

If the enrolling parent does not have sole custody or rights to make all educational choices, please have other parent/legal guardian sign indicating they are in agreement with the enrollment of their child.

2nd parent signature: _____ Date: _____

Student Information

Name	Age/Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- _____ **Total Enclosed** () PayPal: **Dayspringacademy1996@gmail.com**
() MO () check-allow up to 2 weeks to process
() \$17.00/student- New student, not previously enrolled in any school program.
() \$28.00/student- Transfer Student from other school program
() 3% Service fee when paying with Paypal

Read and Initial ALL:

- _____ **I have read the handbook COMPLETELY.**
_____ I have included a SASE (Self Addressed Stamped Envelope)
_____ I have included all forms needed
 () CSEF- Church School Enrollment Form
 () RSR- Request for School Records (Where applicable)
 () PAF- Policy Agreement Form
_____ I have read and understand the Policy Agreement Form (PAF)

_____ Parents Signature _____ Date

DAYSPRING ACADEMY POLICY AGREEMENT FORM

PLEASE READ THOROUGHLY (2 pages)

Initial each line:

- _____ We/I have downloaded and read/understand the enrollment handbook
- _____ We/I have read the guidelines and policies of DSA and understand/agree with them.
- _____ We/I understand the **enrollment fee is \$105** due upon enrolling with DSA
- _____ We/I understand there is no refund if we leave the school at any time
- _____ We/I understand that transcripts are not supplied without the payment of any applicable fees and submission of forms.
- _____ We/I understand that the enrollment fee does not cover children who are in another school but are not enrolling in DaySpring at this time.
- _____ I understand that an additional fee of \$28 will be due should we decide to enroll them later.
- _____ We/I read/understand DSA policy on **student records and transcripts.**
- _____ We/I will keep DSA informed of new phone numbers or address change.
- _____ We/I understand that if a child moves in with another parent/family member/friend, enrollment does not transfer, and a new enrollment is required.
- _____ **We/ I do not hold DSA, the administrator, staff members or volunteers liable for the education of my child, including purchasing of curriculum, grading or testing.**
- _____ We/I understand **DSA is not state accredited.**
- _____ We/I understand **DSA fully places all responsibility of the education of my child on me, the parent.**
- _____ We/I know how to obtain a School Exclusion Form for a driver's license.
- _____ We/I understand we are required to join the discord group to check on announcements and are responsible for knowing the information.
- _____ **We/I understand how to deal with truant officers and PS personnel who ask about our enrollment or other education decisions.(see handbook)**
- _____ We/I understand our family is enrolled in a church school and not homeschooling per the laws of Alabama.
- _____ We/I understand we MUST re-enroll every year (June-August) using the re-enrollment form online only!
- _____ We/I understand we must buy books, plan curriculum and a daily program and keep records of grades/work completed.

Parent(s)Signature

Date

Parent(s) Signature

Date

****If both parents do not sign, please provide proof of sole custody and/or legal right to make educational decisions.**

DAYSPRING ACADEMY POLICY AGREEMENT FORM

Policy Agreement Form cont...

The Following are reasons for dismissal:

- _____ Failure to pay fees or a bounced check not cleared up in timely manner
- _____ Failure to inform me of a new address or phone number.
- _____ Conduct that puts DSA in jeopardy or legal trouble
- _____ Child/parent involved in illegal activities
- _____ Child moving to another residence without informing DSA
- _____ **Parent not having full legal custody OR spouse not agreeing to home education**
- _____ Disregard for DSA policies.
- _____ **Parents not being honest about problems going on that may have a bearing on legal issues/custody issues/truancy issues**
- _____ Not reading and adhering to ALL policies and guidelines
- _____ Not having the latest updated copy of the Enrollment handbook.
- _____ Not keeping a copy of the CSEF on file
- _____ Not checking the website and discord group for pertinent information

HIGH SCHOOL

Only initial if you have a highschooler

- _____ **We/I understand that for a graduating student I am required to turn in the Senior Package/Fees by November 30th.**
- _____ We/I understand the process to unenroll our child for the GED as per the Handbook.
- _____ We/I have read the information on the 3 offered diplomas and know what is required for each one.
- _____ We/I know a student must have ACT testing to apply to colleges and will apply for Testing through the ACT testing website.
- _____ We/I know certain subjects must be completed for the Academic and College Prep Diplomas and take full responsibility in having my child(ren) complete them.
- _____ **We/I know we have access to a high school counselor within DSA to help us map out high school educational goals for the student.**

Parent(s)Signature

Date

Parent(s) Print Name Legibly

Date

****If both parents do not sign, please provide proof of sole custody and/or legal right to make educational decisions.**

DAYSPRING ACADEMY REQUEST FOR SCHOOL RECORDS

Name of School Attended:

School Address:

City: _____ Zip: _____ County: _____

Please send all school records for the following student(s) currently enrolled in DaySpring Academy. We need all cumulative records, testing, immunization cards, and any other pertinent information so that we can assess student ability and grade placement. Please include any other information that will verify subject content and proof of educational goals being met for grades given.

FULL NAME

Grade

Administrator Signature

Date

Please send records to:

DaySpring Academy
4216 S Butler St, Atmore AL 36502
Email: DaySpringAcademy1996@gmail.com

We do hereby authorize DaySpring Academy to receive all school records for the students listed above. We hold both schools blameless for any problems that may arise from the transaction of this request.

Parent/Guardian Signature

Date