

DAYSPRING ACADEMY FAMILY INFORMATION 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
() \$105 Enrollment Fee
() 3% Service Fee when using 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 for enrollment:
 - () CSEF- Church School Enrollment Form
 - () RSR- Request for School Records
 - () FIF- Family Information Form
 - () PAF- Policy Agreement Form

Parents Signature

Date