

# DAYSPRING ACADEMY - FAMILY INFORMATION FORM

Date: \_\_\_\_\_ County: \_\_\_\_\_

School District: \_\_\_\_\_ city/county system \_\_\_\_\_

Guardian/Parent Name: \_\_\_\_\_

Second Guardian/Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/zip: \_\_\_\_\_

Cell: \_\_\_\_\_ 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.**

2<sup>nd</sup> parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Information

Name	Age	Birthdate	Grade

## Read and Initial ALL:

\_\_\_\_\_ I have read the handbook **COMPLETELY**.

\_\_\_\_\_ The information I have submitted is accurate.

\_\_\_\_\_ I understand it is my responsibility and highly recommended to join the DSA Discord group, and to keep up with all updates and announcements posted there.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date