Office Use Only	
Date Received	_____
Registration Fee	_____
Matriculation Fee	_____
Money Order #	_____
Credit Card Auth.	_____
Check #	_____
Cash	_____

Destiny Christian Academy
2010-2011
Registration Form

Student Information

Student's Full Name: _____ M/F
First Middle Last

Grade applying for _____ Current Age _____ Date of Birth _____/_____/_____

Previous School Attended: _____ Grade: _____

Are you enrolling a sibling this academic year? _____ Yes _____ No *(If yes, please complete this section.)*

Student's Full Name: _____ M/F
First Middle Last

Grade applying for _____ Current Age _____ Date of Birth _____/_____/_____

Guardian Information

Mother's Name: _____

Street Address: _____ City: _____ Zip Code: _____

Phone Hm: _____ Wk _____ Alt _____

Email: _____
_____ I'm interested in receiving my customer statements via e-mail.
_____I am not interested in receiving my customer statements via e-mail at this time.

Father's Name: _____

Street Address: _____ City: _____ Zip Code: _____

Phone Hm: _____ Wk _____ Alt _____

Email: _____
_____ I'm interested in receiving my customer statements via e-mail.
_____I am not interested in receiving my customer statements via e-mail at this time.

Church Attending: _____

Pastor's Name: _____ Member _____ Yes _____ No

Referred by: _____

My payment preference for the school year will be: (Please select one)

_____ Full pay (3% discount if received by the first Monday in July)

_____ 10 Month pay (July – April)

Tuition will be accepted as follows: (Please select your method of payment)

_____ FACTS Management (Monthly/Bi-Weekly Bank Drafts)

_____ Direct Payee (additional fees will apply)

_____ CAPS

_____ Scholarship (if applicable)

"Our Students' Destiny Is Our Purpose"