

DESTINED FOR DESTINY INSTITUTE ACADEMY

STUDENT ENROLLMENT APPLICATION

Student Information

Name (First, Middle, Last)		Preferred Name	
Residential Address	Apt #	City	Zip Code
Home Telephone	Cellular Telephone	Social Security Number (provide copy)	
School Attending	Grade (2020-2021)	Age	Birth Date (Month/Day/Year)
Medical Conditions (please list)	Physician's Name	Phone	

Parent/Guardian Information (If under 18 years of age)

Mother/Guardian:			
Name (First, Middle, Last)		Employer	
Residential Address	Apt #	City	Zip Code
Home Telephone	Cellular Telephone	Business Telephone	
Primary Email Address			
Father/Guardian:			
Name (First, Middle, Last)		Employer	
Residential Address	Apt #	City	Zip Code
Home Telephone	Cellular Telephone	Business Telephone	
Primary Email Address			
Emergency Contact Information			
Name	Address	Phone#	Email

Other Information and School History

Previous School's Attended				Graduate?
Name of School	Address	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____				Graduate?
Name of School	Address	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____				Graduate?
Name of School	Address	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____				Graduate?
Please include all Official Transcripts				

Financial Responsibility Statement

I agree to comply with rule and policies to Destined For Destiny Institute Academy rules and policies.
I _____ believes that a positive and constructive working relationship between Destined For Destiny Institute Academy and the students' parent and/or guardian is essential to the fulfillment of its mission. Thus, _____ reserves the right to discontinue enrollment or not re-enroll the student if it reasonably concludes that the actions of a parent and/or guardian makes such a positive and constructive relationship impossible or seriously interfere with _____.

Discrimination Policy

_____ admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, and loan programs, and athletic and other school-administered programs.

My signature below affirms that I have read, understand, and agree with the parent's statement.
I agree to support the standards of _____ its philosophy and policies including academic, behavioral, moral and disciplinary policies.
I understand that this application cannot be considered without the signature of a parent/guardian.

Parent Name Parent Signature Date

Enrollment Date: _____ Amount Received: _____ Balance Due: _____
Scholarship Applicant:
 Yes Amount Comments: _____
 No
Signature of Admitting Personnel: _____ Date: _____

