

**DESERT CHAPEL CHRISTIAN SCHOOL  
APPLICATION FOR ENROLLMENT  
2011/2012**

Date of Application: \_\_\_\_\_ Student's Birthdate: \_\_\_\_\_  
Month Day Year

**Student Information:**

Student's Name: \_\_\_\_\_ M F  
Last First Nickname

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: (if different) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Area Code Number Area Code Number

Grade Applying for: \_\_\_\_\_ E Mail: \_\_\_\_\_

**Parent/Guardian Information:**

Father/Guardian Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address & Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address & Phone: \_\_\_\_\_

Student Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_\*

\*Please explain \_\_\_\_\_

Ages of other children in the home: \_\_\_\_\_

Names and grade of siblings presently attending Desert Chapel Christian School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Data:**

School transferring from \_\_\_\_\_ Grade last attended \_\_\_\_\_

Address of school \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Current GPA: \_\_\_\_\_

\*\*Complete address is needed for the transfer of cumulative files and transcripts

**Church Affiliation:**

What church does your family attend? \_\_\_\_\_

How long? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

What church activities do your child and/or family participate in? \_\_\_\_\_

**Office Use Only:**

- Application Received: \_\_\_\_\_
  
- Placement Test Date: \_\_\_\_\_
  - Time: \_\_\_\_\_
  
- Interview Date: \_\_\_\_\_
  - Time: \_\_\_\_\_

**Accepted:** YES or NO

**Date:** \_\_\_\_\_

**Administrative Signature:** \_\_\_\_\_