Daystar Christian Academy

Application For Enrollment

Name: _____ M / F Birth Date: _____
First Middle Last

Student's Age: _____

Home Address: _____
Street

_____
City State Zip Code

Phone: _____ Emergency Phone: _____

Names of Other Children in the Family

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Church: _____ Attend Regularly: Yes / No

Pastor: _____ Pastor's Phone: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Twenty dollar, non-refundable, Application Fee must accompany this form.