

Dana Christian School  
129 S Maple Street  
Dana, IN 47847

[www.danachristianschool.org](http://www.danachristianschool.org)

## Student Enrollment Form

### Parent/Guardian Information

Name(s) \_\_\_\_\_  
Father's Last First Mother's Last First  
Guardian's Last First Guardian's relationship to child(ren)

Primary Address \_\_\_\_\_

(Father/Mother/Guardian) Street City Zip

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Child(ren) live with \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Guardian

Secondary Address \_\_\_\_\_

(Father/Mother/Guardian) Street City Zip

Father's Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Guardian's Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home # \_\_\_\_\_ Church you attend \_\_\_\_\_

E-mail \_\_\_\_\_

Father's

Mother's

Guardian's

### Student Information

1. Full name \_\_\_\_\_ Grade Entering \_\_\_\_\_ DOB \_\_\_\_\_

Any special medications, allergies to medicine or physical impairment:

\_\_\_\_\_  
\_\_\_\_\_

2. Full name \_\_\_\_\_ Grade Entering \_\_\_\_\_ DOB \_\_\_\_\_

Any special medications, allergies to medicine or physical impairment:

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Information

If parent or guardian cannot be reached, please list the name and contact information for a local person who you authorize to care for your child.

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Name	Phone	Relationship to child
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If emergency contacts cannot be reached, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia, and/or surgery for my child if deemed medically necessary.

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Parent/Guardian's Signature

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Date

## Medical Information

Yes    No    Dana Christian School has my permission to give my student Ibuprofen or Tylenol, (appropriate dosage for age), as needed. Medication will be recorded in a medical log.

My child is NOT allergic to the above mentioned medications. \_\_\_\_\_

Initial

If your child is to receive medications on a daily basis, please list the medication and dose.

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Allergies

Please list any known allergies for your student.

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## Media

DCS may take pictures of students throughout the year. These pictures could feasibly be published in a newspaper article, a school publication, or be used in social media. If you do not wish to have your child's name or picture published please indicate below.

*Note: When posting pictures to social media, the child's name is usually not given.*

Yes    No    DCS Staff members may use pictures of my child taken during the school day or during school events to publish in newspaper articles, social media, or in school advertisements and publications.

Comments or special notes from parents: \_\_\_\_\_

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Parent/Guardian Signature for Medical Information and Media

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Name

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Date

## Transportation

Person(s) authorized to pick up my child from school:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Transporters should have I.D. available.

## Field Trip Permission

I give my permission for my child to attend and participate in school conducted field trips during the school year. I understand that my child will be under the care and direction of Dana Christian School and I will be notified in the case of an emergency.

\_\_\_\_\_  
Parent/Guardian signature

## Student Handbook

My child and I have read and agree to abide by the guidelines as stated in the revised DCS student handbook. (Copies of the handbook may be obtained in the school office.)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Student(s) signature

## Code of Conduct

Believing that Christians should reflect the image of Christ, we ask each of our students to be willing to abide by the following code of conduct:

1. All students will be expected to dress according to the dress code in the student handbook.
2. All students are expected to refrain from inappropriate speech and behavior (such as swearing, slang, fighting, discourtesy to others, teasing and bullying). Students are expected to demonstrate Christ-likeness appropriate to their age.
3. All students will abstain from the use of and discussion of illegal drugs, alcohol, tobacco, immorality, and violation of civil laws on or off of school property. They also will abstain from music, videos, and movies that are not God honoring.
4. All students are expected to obey and honor the rules of the school and all school personnel.
5. All students are expected to promote the good name of DCS by their behavior and attitudes off-campus.

Parent/Guardian's signature \_\_\_\_\_ Student's signature \_\_\_\_\_



## Tuition, Payments, Fees & Policies

	Month	Semester	Year
K-6 <sup>th</sup>	\$330	\$1650	\$3300

Tuition rates include curriculum and technology fees.

I choose the following payment plan:

\_\_\_\_\_ full year - \$3300. first day of semester

\_\_\_\_\_ by semester - 2 payments of \$1650. first day of 1<sup>st</sup> semester and 2<sup>nd</sup> semester

\_\_\_\_\_ 10 monthly installment payments of \$330. beginning August 1

### Past Due Tuition

The Dana Christian School Past Due Policy is approved by the school board and executed by the Dana Christian School office. This policy exists to provide guidelines and add clarity on ALL financial issues, including what steps need to be taken to formulate a plan when a family's account becomes past due. Failure to submit a plan, failure to reach acceptable agreement with the school administration, or failure to comply with the plan will result in dismissal of the family's student(s). Accounts must be brought current within thirty (30) days or the student(s) will be removed. If needed, contact the DCS office prior to tuition due date to make special/additional arrangements.

I understand the school policy on finances is that in the event of graduation, withdrawal, transfer, or expulsion, I am responsible for full payment of tuition and other fees through the end of the calendar month in which such event takes place. I understand the school may withhold report cards and other records until tuition and other fees have been paid in full. I agree and give my support to these policies.

**Parent/Guardian's signature** \_\_\_\_\_