

FAMILY APPLICATION
2008–2009 School Year

Desert Christian Middle School
7525 E. Speedway Blvd.
Tucson, Arizona 85710
(520) 795-7161 Fax: (520) 795-3386

DATE: _____

*Applicants of all races, color, and national or ethnic origin are welcome to apply
and are considered for admission without discrimination.*

APPLICANT NAME _____ **PREFERS TO BE CALLED** _____

DATE OF BIRTH _____ **GENDER** _____ **APPLYING FOR GRADE** **6** **7** **8**

PARENTS OR GUARDIANS RESPONSIBLE FOR APPLICANT: MUST BE PRIMARY CONTACT(S) AND FINANCIALLY RESPONSIBLE FOR THE APPLICANT'S FEES AND TUITION IF ACCEPTED

YOUR RELATIONSHIP TO APPLICANT: (CHECK ALL THAT APPLY) LIVE WITH APPLICANT
 FATHER MOTHER STEPFATHER STEPMOTHER LEGAL GUARDIAN CUSTODIAL PARENT

Name: _____
Address: _____ Email: _____
City, State, Zip: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Occupation: _____

YOUR RELATIONSHIP TO APPLICANT: (CHECK ALL THAT APPLY) LIVE WITH APPLICANT
 FATHER MOTHER STEPFATHER STEPMOTHER LEGAL GUARDIAN CUSTODIAL PARENT

Name: _____
Address: _____ Email: _____
City, State, Zip: _____ Home Phone: _____
Employer: _____ Work Phone: _____
Occupation: _____

CHECK ANY THAT APPLY: APPLICANT'S
 Father is deceased Mother is deceased Parents are divorced Parents are separated

PLEASE LIST SIBLINGS LIVING AT HOME, WITH AGES AND CURRENT SCHOOL:

_____/_____/_____
_____/_____/_____
_____/_____/_____

REASONS FOR ATTENDING DESERT CHRISTIAN MIDDLE SCHOOL

a. Completed by applicant in his/her handwriting. **b. Completed by a parent in his/her handwriting.**

a. _____

b. _____

EDUCATIONAL INFORMATION

PREVIOUS SCHOOLS ATTENDED: Information must be complete and account for kindergarten through current year.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
GRADES _____ TO _____ FROM _____ TO _____	GRADES _____ TO _____ FROM _____ TO _____

Has the applicant:

- | | |
|--|--------------------|
| Ever been retained in a grade? | _____ No _____ Yes |
| Ever been suspended from school? | _____ No _____ Yes |
| Ever been expelled from school? | _____ No _____ Yes |
| Attended more than one school in a year? | _____ No _____ Yes |
| Been involved with juvenile authorities? | _____ No _____ Yes |
| Had disciplinary problems at school? | _____ No _____ Yes |
| Used illegal drugs, alcohol, tobacco? | _____ No _____ Yes |
| Been involved in professional counseling? | _____ No _____ Yes |
| Does the applicant regularly require any medication? | _____ No _____ Yes |

Explanation of "yes" answer(s) above:

STATEMENT OF FAITH: Give a brief statement regarding your personal Christian Faith.

Applicant

Parent

WE UNDERSTAND AND COMMIT OURSELVES TO FULFILLING THE FOLLOWING UPON ACCEPTANCE OF OUR CHILD AT DESERT CHRISTIAN MIDDLE SCHOOL:

1. We will strive to maintain a healthy home life and a meaningful and regular church life.
2. We understand our cooperation is expected in (a) submitting to school policies as stated in the parent/student handbook, including the Statement of Faith and Philosophy of Education (see attached); (b) faithful prayer; (c) timely tuition payments according to our tuition contract; (d) volunteered time; (e) special gifts when possible; (f) support school policies.
3. We understand that the school reserves the right to dismiss any student who does not (a) respect and observe spiritual and/or behavioral standards and (b) cooperate in our educational goals.
4. We understand that any false or unreported information is grounds for immediate dismissal.

We certify that all of the information presented in this application is, to the best of our knowledge, complete and accurate and we are not withholding any information available to us that would be pertinent to the enrollment of this child at DCMS.

Applicant's Signature _____ **Date** _____

Father / Stepfather / Other Signature _____ **Date** _____

Mother / Stepmother / Other Signature _____ **Date** _____

