

Doris Todd Memorial Christian School

519 Baldwin Ave., Paia, HI 96779
(808) 579-9237 Fax: (808) 579-9449
dtooffice@maui.net dtschool.org

2010-2011 APPLICATION FORM

FEES: 75.00 per student to be paid with the application.
Application and Registration Fees are **Non-Refundable** and Non-Transferable

STUDENT: Grade Level Applying For _____

Last Name: _____ First: _____ Middle: _____

Usually Called: _____ Male Female Social Security #: _____ - _____ - _____ Hm Phone: _____

Birthdate: _____ Citizenship: USA Other _____ City and State of Birth _____

Are you interested in applying for *After School Care* for your child? Yes No

Ethnicity (check only one): African American American Indian/Alaskan Native Asian Caucasian
 Hawaiian/Part Hawaiian Pacific Islander other than Hawaiian Hispanic Other (Information for statistical use only)
Doris Todd Memorial Christian School does not discriminate against anyone on the basis of race, color, or ethnic origin.

Who has LEGAL CUSTODY of student?

- Both Parents Together Mother only Father only GUARDIAN *see below
- Both Parents Separately Father & Stepmother Mother & Stepfather

* If you are the student's legal guardian, please attach legal documents showing guardianship.

If there are any custody issues we need to be aware of please attach copies of court documentation.

Child is living with:

- Both Parents Together Mother only Father only GUARDIAN *see below
- Both Parents Separately Father & Stepmother Mother & Stepfather

* If Guardian, please check the appropriate box above and fill out data below as father and mother but attach guardianship documents.

FATHER'S DATA:

Title: _____ First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Ext. _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Job title: _____
If self-employed, please state name of company. If self-employed, please state job title or description.

Our church home is: _____ Pastor: _____

MOTHER'S DATA:

Title: _____ First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Ext. _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Job title: _____
If self-employed, please state name of company. If self-employed, please state job title or description.

Our church home is: _____ Pastor: _____

STEPMOTHER:

Name: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

STEPFATHER:

Name: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Information on other children in the family:

| <u>Name</u> | <u>Birthdate</u> | <u>School</u> |
|-------------|------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Last School Attended: _____
Name City/State Phone

Reason for leaving: _____

Has student repeated a grade? Yes No If yes, which grade? _____

Has your child ever been evaluated for: Learning Disability Behavioral Issues Hearing Problems
 Vision Problems Psychiatric/Psychosocial Problems I.E.P.

Please explain on a separate sheet of paper any items you have checked, and attach any test results or IEP's.

Has your child ever been subject to any major discipline actions (suspension/expulsion) from a prior/current school? Yes No

If yes, please explain: _____

Please indicate any health or emotional concerns of which the school should be aware: _____

Extra and co-curricular interests, achievements, musical instruments, etc: _____

Check 2 factors most influencing you to apply to Doris Todd Memorial Christian School:

- Christian philosophy/environment
- Academic reputation
- Desire to attend a private school
- Location
- Displeasure with public schools
- Other: _____

How did you hear about our school? Church Telephone Directory Newspaper Radio School Event: _____

Who referred you to DTMCS? (One name only for rebate purposes): _____

- YES NO Is it likely that your child will attend DTMCS for a full year?
- YES NO Is your child accustomed to daily Bible reading and prayer in the home?
- YES NO Are you willing to help your child memorize Bible verses?

How often does your family attend church? 1x or more per week 2x month Occasionally Not at this time

How long have you attended your present church? _____

How do you teach obedience to authority in your home? _____

| |
|---|
| FINANCIAL PAYMENTS WILL BE HANDLED BY: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Another Person |
| Name: _____ Day Phone: () _____ Home: () _____ |
| Mailing Address: _____ City: _____ State: _____ Zip: _____ |

By signing this form, I would like my child to be tested and interviewed as a candidate for Doris Todd Memorial Christian School. I understand that the parents will also be interviewed. Official enrollment may be granted by the Admissions Committee only upon completion of the registration process and signing of the Enrollment Contract. I certify, that the information given on this application is complete and accurate.

The undersigned agrees to release and hold harmless, the school, its agents and employees from all claims, damages, or other liabilities for injuries to my child, which are not the result of gross negligence by this school, its agents or employees. The undersigned also agrees to indemnify the school for damages by my child.

Signatures of BOTH Custodial Parents/Guardians is Required.

Father: _____ Date: _____

Mother: _____ Date: _____

| | | | | | |
|--|------------------|--------------------------|----------------|--------------------------------------|--|
| OFFICE USE ONLY | | | | | |
| Date: _____ | Receipt #: _____ | Amount: \$ _____ | Initial: _____ | <input type="checkbox"/> Application | <input type="checkbox"/> Reg. <input type="checkbox"/> Tuition <input type="checkbox"/> Other: _____ |
| Date: _____ | Receipt #: _____ | Amount: \$ _____ | Initial: _____ | <input type="checkbox"/> Application | <input type="checkbox"/> Reg. <input type="checkbox"/> Tuition <input type="checkbox"/> Other: _____ |
| Interviewed _____ | Date _____ | Adm. Com. Decision _____ | Date _____ | Date to be admitted to DTMCS _____ | |
| Received a Completed and Signed Enrollment Contract: | | Initial _____ | Date _____ | | |