



Dakar Academy

Student Enrollment Application



Dakar Academy accepts students based upon missionary status and other factors. Placement takes effect the day after applications are due, after which all students are enrolled on a first-come, first-served basis. The enrollment fee is due May 1. The enrollment fee is non-refundable except in cases where enrollment is denied. If the fee is not paid by May 1, the student's place may be forfeited. Tuition is due on the first day of school. Late penalties begin two weeks after classes start. Payments may be made by cash or check and should be paid to our business office.

APPLICANT INFORMATION

Name:		Gender:	
Date of Birth (mm/dd/yy):	Place of Birth:	Social Security #:	
Passport Number:		Passport Country:	
Date of Issue:		Expiration Date:	
Local Address:			
Mailing Address:			
Home Phone:		Email Address:	
Date Student is to Begin School:		Grade Level:	

EDUCATIONAL BACKGROUND

Name of Last School Attended:	
Address:	
Phone Number:	Language of Instruction at Previous School:

PARENT'S EMPLOYMENT/ORGANIZATION

Name of Father's Employer/Organization:	
Employer/Organization Address:	
Business Phone:	Email Address:
Name of Mother's Employer/Organization:	
Employer/Organization Address:	
Business Phone:	Email Address:

FINANCIAL INFORMATION

Name of Person/Organization Responsible for Tuition Payments:	
Address:	
Signature:	Position:

FOR TRANSFER STUDENTS

Students enrolling in Grades 1-12 must provide records documenting successful completion of the prior level of schooling. Records consist of transcripts, report cards, and/or portfolios of work samples. All grade placements are temporary until these records have been received and evaluated. No diploma will be issued until grades 9 through 12 can be accounted for.

EMERGENCY CONTACT INFORMATION

List 3 persons, in order of preference.

Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:

MEDICAL/HEALTH

General Health:	Hearing:
Eyes/Vision:	Physical Handicaps:
Allergies:	Asthma:
Epilepsy:	Other Chronic Disorders:
Medications being taken and dosage:	
Is there any reason your child cannot participate in physical education activities? If so, please explain.	
Physician's Name:	Physician's Phone Number:

Dakar Academy encourages all parents to have adequate health insurance coverage.

I _____ (Parents Signature) will not hold Dakar Academy liable in case of medical emergency.

Is your child allergic to any medications? If so, please explain.

Is your child allergic to any foods? If so, please explain.

Medication instructions: If my child comes into the office requesting Tylenol or Ibuprophen, give him/her (indicate number of tablets):

Ibuprophen:	Tylenol:	Children's Chewable:
Parent Signature:		Date:

IMMUNIZATIONS

All students must have current vaccinations against the following diseases: Diphtheria, Tetanus, Whooping Cough (pertusis), Measles, Mumps, Rubella, Polio, and Yellow Fever. Additionally, TB testing should be completed. Please fill in the chart below with dates indicating when your child was immunized. Yellow Fever, Tetanus, and Diphtheria are required every 10 years.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
(DPT)DT/PT Specify type- Diphtheria Pertussis Tetanus					
(MMR) Measles Mumps Rubella					
(OPV/IPV) Specify type – Polio					
(HIB) Haemophilus Influenza B					
Hepatitis A Vaccine (Havrix)					
(HBV) Hepatitis B (Engerix)					
Immune Globulin Hepatitis A					
Yellow Fever					
Typhoid					
Meningococcal					
Varicella					
Tetanus					
TB Testing					

EMERGENCY EVENTS

If the campus has to be evacuated, your child will be placed with a designated local family within your organization. We believe a family will be better able to keep track of your child and to take steps necessary to reunite your child with you. In the event of a sudden evacuation, your child will remain with the school staff unless and/or until there is a safe way to get them to the designated family.

Please designate a local family within your organization that has agreed to accept responsibility for your child in case of an emergency

Designated Family:	Phone Number:
Address:	

SIGNATURE AND MEDICAL AUTHORIZATION

I have read and understand Dakar Academy's doctrinal statement, philosophy of education and educational objectives and accept the educational program for my child. I hereby authorize Dakar Academy to secure medical/dental services for my child if necessary in their view and to secure and administer prescription medications if needed. I assume full financial responsibility for all medical expenses incurred.

Father's Signature:	Printed Name:	Date:
Mother's Signature:	Printed Name:	Date: