



Enrollment Application SCHOLARSHIP PROGRAM 2015-2016

*Submitting an application does not guarantee availability or admittance.
Students are expected to remain in the program upon admittance.*

Student's First Name _____ Middle _____ Last _____

Nickname _____ Date of Birth _____ Gender _____

Grade Student Will Be Going Into _____ Student is (check one) New to Doulos Returning

Preferred Start Date of Student _____ Country(ies) of Citizenship/Residency _____

Family Information

Mother's Name _____

Father's Name _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Occupation _____

Occupation _____

Student's Home Address _____

What church do you attend? _____

Please list any siblings of the student who are also applying for next year. Please note: you must fill in a separate application for each child.

Name _____

Grade Next Year _____

Name _____

Grade Next Year _____

Name _____

Grade Next Year _____

Name of 2 Authorized Adults for Student Pick Up (in addition to Emergency Contact)

Name _____

Primary Phone _____

Name _____

Primary Phone _____

Is your student permitted to leave campus on his/her own at the end of the day? Yes No

Is there anyone who is restricted from engaging with your student? Yes No

If yes, please explain the situation



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Secondary Emergency Contact *In addition to the people listed above.*

First Name _____ Last Name _____
Relationship to Student _____ Primary Phone _____
Secondary Phone _____ Email _____

Additional Information

Is a language other than Spanish spoken at home? Yes No

If yes, which language? _____

Student's English Level: Native Fluent Proficient Conversational None

What school did the student attend in the previous year? _____

Previous School Location _____ Reason for Leaving _____

Has the student ever repeated a grade? If yes, what grade, what school and for what reason?

Has the student ever been expelled/suspended from any school or had serious discipline issues? Explain.

Are there any academic considerations such as being an advanced student or having special needs?

Are there any special health conditions, allergies and/or medications of which we should be aware?

Are there any other special considerations of which we should be aware?

How did you hear about Doulos Discovery School?

Briefly explain why you want your child to attend Doulos Discovery School.

Parent Signature _____ Date _____