

Dear Prospective DCS Families,

Thank you for your interest in Discovery Christian School. We are excited about the 2019-2020 school year. As an MAIS/SACS accredited school, we offer a Christian education in a safe learning environment in grades K4-12. For more information about DCS, we ask that you refer to our Parent/Student Handbook about school policies and expectations. You may find a copy on our school website, www.discoverychristianschool.org.

The DCS admission process for **K4-12 grade students** consists of the following:

- **Step 1:** Complete a New Student Application (all applicants)
- **Step 2:** Provide the following documents:
 - a. A copy of the birth certificate and Social Security card (all applicants)
 - b. A Certificate of Immunization (Original Form 121 compliance-all applicants)
 - c. A copy of most recent standardized tests results (current school 1st-12th grade applicants)
 - d. A copy of most recent report card (current school 1st-12th grade applicants)
- Step 3: Return ALL requested information along with the \$25.00 non-refundable application fee. This may be dropped off during school hours (M-F, 7:30-3:00) or mailed to DCS, 111 Wesley Circle, Florence, MS 39073. INCOMPLETE PACKETS WILL NOT BE ACCEPTED.
- **Step 4:** After a review of your application, you will be notified if your child has been selected to continue the admission process. At that time an appointment for a family/student interview will be scheduled. Should your child be denied admission, you will be contacted as well.
- **Step 5:** Students that are granted admission should then submit the \$100.00 registration fee and the \$450.00 curriculum fee within two weeks of notification of acceptance. The primary parent will be required to sign the Enrollment Contract as well.

Should you have any questions, please contact us by email, discoverychristianschool@gmail.com, or call 601.891.0608.

Sincerely,

Michele Thames and Wendi Teten Co-Heads of School

2019-2020 NEW STUDENT Tuition & Fees												
Grade	Application Fee	Registration Fee (Due within 2 weeks of acceptance)	Student Fee (Due within 2 weeks of acceptance)	Student Fee (If paid after 2 weeks of acceptance)	Annual Tuition 1 Student (oldest child)	Annual Tuition 1 st Sibling	Annual Tuition 2 nd Sibling	Annual Tuition 3 rd Sibling				
K4	25.00	100.00	450.00	550.00	4450.00	4317.00	4183.00	4005.00				
K5-7 th	25.00	100.00	450.00	550.00	4670.00	4530.00	4390.00	4250.00				
8 th -12 th	25.00	100.00	450.00	550.00	4775.00	4632.00	4489.00	4346.00				
	See the DCS Parent/Student Handbook and the Enrollment Contract for more information.											

Discovery Christian School							ol 2019-2020 NEW			W Student Application							
Student Information																	
Grade Entering	5	K4	K5	1	2	3	3 4	5	6	,)	7	8	9	10	11	1	2
Name																	/ /
			Firs	t			Middle				Last			st	Date of Birth		
	Male	F	emale					Hispanic/Latino Ethnicity						Yes	N	0	
Mailing	<u> </u>																
Address				64	reet							City	,		State	7:.	p Code
Student Lives W	ith:	Motl	her			3otl	n Parents	sC	duard	lian	*A	·					
Student Lives With:MotherFatherBoth ParentsGuardian *Attach custody documents if applicable Last School Attended																	
		ı		Nam	e of S	Scho	ol	City, State						School Phone			
Has the applica	nt ev	er repe	eated a	grade	?		_Yes	1	No	If y	If yes, which grade/s?						
Has the applica	nt be	en in [Γier 2 c	or 3?			_Yes	1	Vo	If y	If yes, which grade/						
						Ì	Parent l	nforn	ıatio	n					-1		
Mother								_			Н	lome p	hone	:			
Email											Cell phone						
Employment								Work Phone			:						
Father								Home phone			hone	:					
Email										Cell phone				:			
Employment								Work Phone			Phone	:					
If a parent/guard	ian ca	ınnot b	e reach	ed in t	he ev	ent	of an E	MER	GEN	ICY,	we	may c	ontact	the fo	llowin	g peop	le:
Name Ph			Ph	one A			lterna	lternate Phone			Relationship to Student						
					G.	1	. 1.6. 1	. 17	<i>C</i>								
Student Medical Information																	
Please indicate any allergies, medical conditions, and prescription medicine that your child has/takes.																	
Restrictions The person named below does not have permission to have contact with this student during school hours per official court rulings.																	
Name						Relationship to Student				Documentation Provided							
T • ,			•	•	•	1	1 . 4.0	, 1	1 -			/ 17 4 -		ļ	ye		no
I am interested in	n rece	ıvıng n	nore inf	ormat	ion a	bou	it the Af	tersch	ool F	r ogra	am	(K4-6)		ye	es	no

I understand that the completion of this application gives DCS permission to contact the school named above to request records. My signature certifies that the information provided on this application is accurate to the best of my knowledge.

Parer	nt/Guardian S	ignature		Date					
			Fc	or Office Use Only					
19-20 Fees	Date Received	Method	Amount		Form	s Received			
Application				Birth Certificate		Enrollment Contract			
Registration				SS Card Copy		Custody Documents			
Student Fee				Original Form 121		Former School Records			