

Dominion Christian Academy



Application for Admission



The DCA Mission Statement

Dominion Christian Academy is a ministry of AFCWC which seeks to provide a learning environment for all students by teaching them how to live according to God's principles, to be passionate followers of Christ and to find and fulfill the destiny and purpose God has for their lives. As the Lord, Jesus Christ, in His youth grew in wisdom and stature and in favor with God and man (Luke 2:52), it is our desire for our students to reach maturity in all areas.

The DCA Vision

The vision of Dominion Christian Academy is to make an impact in our community and the world by training young people in the ways of God, providing a strong academic foundation, and guiding them to find and fulfill their purpose in the kingdom of God, thus equipping them to make a significant impact on the lives of others for Christ. DCA will be an exemplary and diverse Christian school community (Preschool and K-12) that excels in college preparatory studies immersed in a biblical worldview. Strategic partnerships with parents, churches, the local community, businesses, and colleges will support efforts to develop each student's unique gifts and abilities to their highest potential for the glory of God. We will equip students for success. We will encourage all students to be rooted in Christ, think biblically and critically, and achieve holistic excellence. We will work diligently alongside their families to assist students in becoming transformational leaders for Christ and His kingdom in the local area and around the world.

The DCA Statement of Purpose

Our purpose is to help your child develop socially, emotionally, intellectually, and spiritually. To strive towards that purpose, our goal is to have trained staff members that will teach all students to have strong self-esteem and become independent and thoughtful learners. We work diligently to prepare every student to continue their high level of success far beyond our walls and accomplish this goal by providing the best quality education for your child. We strive to have parents feel relaxed and assured that their child is safe and cared for in a caring Christian atmosphere. We are here to educate and assist in the growth of your child by providing him/her with a safe environment so they will have a plethora of learning experiences to last a lifetime and be able to discern the path that God has for their lives.



Dominion Christian Academy

STATEMENT OF FAITH

Parents must indicate their agreement with this statement when completing the application form.

The basis of faith shall be the Word of God as interpreted by the following:

- A. Dominion Christian Academy (DCA) believes that the Bible is the inspired, infallible, authoritative Word of God.
- B. There is one God-Father, Son, and Holy Spirit eternally exist as one.
- C. The only means of salvation is through Jesus Christ. We believe in one Triune God, eternally existent in three co-equal persons -- Father, Son, and Holy Spirit.

We adhere to the ACSI Statement of Faith, as listed below:

- D. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
- E. We believe there is one God, eternally existent in three persons-Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
- F. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).
- G. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ, and that only by God's grace and through faith alone are we saved (John 3:16–19, 5:24; Romans 3:23, 5:8–9; Ephesians 2: 8–10; Titus 3:5).
- H. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation (John 5: 28–29).
- I. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9) and that those who are not saved are lost to hell and utterly unable to remedy his lost condition by himself or by ecclesiastical rite.

In addition: we do not believe in teaching Santa Clause, Easter Bunny or Halloween. We do however, promote the Christian values of Christmas and Resurrection Day.



2020-2021 TUITION AND FEES

Tuition at Dominion Christian Academy includes the following: a daily nutritious breakfast and lunch, technology use, school ID's, language arts novels, assigned lockers, caps and gowns for seniors. Middle and upper school students may be assigned an iPad for use in the eighth through twelfth grades.

TUITION PRESCHOOL (WEEKLY)		
STUDENT AGE GROUP	TUTION FEE	REGISTRATION FEE *
PRE-K 1 & 2 YEAR OLDS	\$185	\$75
PRE -K 3 & 4 YEAR OLDS	\$155	\$75
TUITION K-12 ACADEMY (ANNUAL)		
STUDENT GRADE LEVEL	TUTION FEE	REGISTRATION FEE *
Kindergarten	\$5800	\$100
Grades 1-5**	\$5800	\$100
Grades 6-8**	\$5800	\$100
Grades 9-12**	\$5800	\$100
FEES*		
Book/Curriculum Fee (for All K-12 Students)		\$175

***Registration and Book fees are due at enrollment** to reserve a student's place in a grade. The registration fee is **nonrefundable**.

**Additional activities and sports fees to be distributed separately.

DISCOUNTS

Members of Ambassadors for Christ Worship Center will receive a discount on the tuition rate as determined by the Board of Directors for DCA.

FINANCIAL AID

Please visit www.ncseaa.edu to apply for the NC Opportunity Scholarship. In- house scholarships may be available.



Dominion Christian Academy

ADMISSION APPLICATION CHECK LIST

When your completed application is submitted to the Admissions Office, it will initiate the admission process. To be complete, the application should include:

- Family Application
- Student application for each student seeking admission for grades 1 to 12
- Middle/High School student information for each student entering grades 6-12
- Middle/High School student interest /activity sheet for each student entering grades 6-12
- Health History
- Proof of age (copy of hospital birth notice, birth certificate, etc.)
- Immunization report (All students)
- For students entering 1st to 12th: A copy of the student's most recent report card or prior year report card and/or any standardized test results.
- \$250.00 registration/enrollment fee

PLEASE NOTE: There are forms that require review and signature in front of a staff member that will be given during the interview process.

The following should be completed and returned to the Admissions Office:

- A confidential Pastor's Recommendation (*have your Pastor complete and return to DCA*)

Upon receipt of all completed application materials, a parent interview will be scheduled and a testing date assigned for the student(s). Contact our Admissions Office at 910-565-2004 if you have questions at any stage of this process.

Testing: The school administers entrance/placement tests at various dates for admission for all grades K to 12th. Students entering kindergarten or first grade are individually scheduled for testing. There is no initial screening for Pre-K applicants. Standardized tests are also administered at the conclusion of the school year per the.

Notification of Decisions: The school operates on a rolling admissions process and will inform you of final acceptance when all steps have been completed. Notification begins in late January and continues throughout the year, however do fill quickly and a cutoff may be administered in cases of high enrollment.

Acceptance of Enrollment: With the completion of all steps for admission (submission of all required documents and interview) families will be notified of acceptance for enrollment. A \$250.00 (covers registration & book fee and is *non-refundable*) will be required within 5 days of acceptance.

FAMILY APPLICATION

Please use ink when completing this form.

FATHER

Name _____ Mr. Dr. Rev. Other _____
First, Middle, Last

Home Address _____
Number and Street City, State, Zip

Cell# _____ E-Mail: _____
Area Code, Number

Marital Status Married Widowed Separated Divorced Remarried Single

Employer's Name _____ Occupation/Title _____

Telephone _____ E-Mail: _____
Area Code, Number

Business Address _____
Number and Street City, State, Zip

MOTHER

Name _____ Mrs. Miss Dr. Other _____
First, Middle, Last

Home Address _____
Number and Street City, State, Zip

Cell # _____ E-Mail: _____
Area Code, Number

Marital Status Married Widowed Separated Divorced Remarried Single

Employer's Name _____ Occupation/Title _____

Telephone _____ E-Mail: _____
Area Code, Number

Business Address _____
Number and Street City, State, Zip

CHURCH INVOLVEMENT

Church Father Attends _____ Member? Yes No

Church Mother Attends _____ Member? Yes No

CHILDREN

Names of all Children	Date of Birth	Date to be Entered	Grade Applied For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School District in which children reside _____

ADDITIONAL INFORMATION

Request for *Tuition Assistance Application*

FAMILY APPLICATION

ARE YOU APPLYING FOR THE ADMISSION OF ALL SCHOOL-AGE CHILDREN? _____ IF NOT, PLEASE STATE REASONS:

WHY DO YOU WANT YOUR CHILDREN TO ATTEND DOMINION CHRISTIAN ACADEMY?

In signing this application I (we) agree that:

1. I have read and agree with the Statement of Faith of the school and am willing to have my children educated in accordance with it.
2. It is my responsibility to strive diligently toward the observance of the Parents' Code as God enables me by the power of the Holy Spirit.
3. The school reserves the right to place my child at the appropriate grade level.
4. The school reserves the right to dismiss any student who does not cooperate with the educational process.
5. I understand that tuition rates do not cover the cost of operating the school and thus my participation is needed in lending financial help and prayer support in a mutual effort to train our children.
6. I have read the "Policies Relating to Tuition Payments" and agree to pay all tuition fees and other financial obligations to Dominion Christian Academy on the contracted day in accordance with these policies.

Signed:

Father _____

Mother _____

Guardian _____

Guardian _____

Date: _____

Date: _____



Dominion Christian Academy Preschool

Date Application Completed _____ Date of Enrollment _____

CHILD'S INFORMATION:

Date of Birth: _____

Full Name: _____

Last

First

Middle

Preferred Name

EMERGENCY CONTACTS:

Child will be released only to the parents/guardians listed above or any individuals listed on the authorization for release/pick-up form. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

EMERGENCY MEDICAL CARE AUTHORIZATION: I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of

Parent/Guardian _____ Date _____

I, as the operator, do agree to provide/contact transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Signature of Administrator: _____ Date: _____



Dominion Christian Academy

Child's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___; diabetes No ___ Yes ___; convulsions No ___ Yes ___; heart trouble No ___ Yes ___; asthma No ___ Yes ___.
If others, what/when? _____

6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____
_____ Results of Tuberculin Test, if given: Type _____
_____ date _____ Normal ___ Abnormal _____ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____



Dominion Christian Academy

STUDENT INFORMATION FORM

To be completed by parents/guardians of applicant for grades 6-12

Please print in black ink

1. Student's Full Name _____ Prefers to be called: _____
(As it appears on Birth Certificate ~ attach document)

_____ M F _____
Date of Birth _____ Ethnicity _____ Social Security Number _____

2. Address _____
_____ Zip _____ Phone _____

3. School District _____ Resides with: Mother ___ Father ___ Both ___ Guardian ___

4. Name and address of church where child attends _____

5. Grade to be entered _____ Date to be entered _____

6. Has your child repeated a grade? Yes No
Has your child been in gifted or accelerated classes? Yes No
If an above answer is yes, please explain: _____

7. Has your child been suspended or removed from any school for misconduct? Yes No
If yes, please give an explanation including the date of the event: _____

8. List all previous schools attended:
Current School _____ Grade(s) _____ Year _____
Complete Address _____
Prior School _____ Grade(s) _____ Year _____
Complete Address _____
Other Schools Attended:
Name of School _____ Grade(s) _____ Year _____
Name of School _____ Grade(s) _____ Year _____

If additional space is required; please list on a separate sheet of paper.

9. What is your child's attitude toward school and teachers? _____

10. Does your child have a history of a chronic physical or emotional condition which has required professional attention or which may require special attention at Dominion Christian Academy?

Yes No **If yes, please explain and include copies of all reports:** _____

11. Has your child ever received educational testing to determine if he/she has a learning difference?

Yes No **If yes, please explain and include copies of all reports:** _____

12. Does your child have an IEP, or ever been enrolled in a special class?

Yes No **If yes, please explain:** _____

13. Does your child wear glasses or corrective lenses? Yes No

Date started wearing glasses: _____

14. Has your child had a history of ear infections or hearing difficulty? Yes No

If yes, please explain: _____

15. Check if school personnel have reported any of the following about your child, or if you have observed these characteristics at home.

Distractible	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Inattentive	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Disturbs other children	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Is often late in completing assignments	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Exhibits aggressive behavior	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Has difficulty following oral instruction	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Has difficulty following written instruction	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Has difficulty with oral expression	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home
Has difficulty with written expression	<input type="checkbox"/> Past Personnel	<input type="checkbox"/> Present Personnel	<input type="checkbox"/> At Home

With my signature below, I certify that I have answered the above questions honestly and completely and have not held back information the Admissions Committee should know about this student.

Signature of Parent or Guardian completing this form

Date:



Dominion Christian Academy

MIDDLE / HIGH SCHOOL STUDENT APPLICATION

To be completed by student applicant (6-12th grade) in your own handwriting

If more space is needed, please use another sheet of paper, giving your name and the number of the question being answered.

NAME _____ SEX _____ GRADE ENTERING _____

I. GENERAL / SPIRITUAL

A. How did you learn about Dominion Christian Academy? _____

B. Do you go to church every Sunday? Yes No Where? _____

Do you go to Sunday School regularly? Yes No

Does your church have a youth group? Yes No Are you a member? Yes No

Do you participate in or lead other activities at church? Yes No Which? _____

C. Do you believe in Jesus Christ as your Savior and Lord? Yes No If yes, how does it affect your daily life at home and/or school? _____

II. ACADEMIC

A. Do you get your homework done at school or do you take it home with you every day? _____

B. What subject is hardest for you? _____

C. What was your average grade in school last year? _____

D. Have you ever been on the honor roll? Yes No

E. Have you ever failed a subject? Yes No What? _____

F. Do you plan to go to college? Yes No

G. What occupation would you like to pursue as an adult? _____

H. Have you received any honors in school or outside of school? Yes No

What are they? _____

III. PERSONAL / BEHAVIORAL

A. What do you enjoy doing in your free time? _____

B. How often do you read a book? _____

C. What books have you read most recently? _____

D. How much time do you spend watching TV during the school year?

Numbers of hours daily? _____ Number of hours weekly?

E. How much time do you spend on the computer/Internet per week?

F. Do you have a part-time job after school or on weekends? Yes No

What is it?

I. Are most of your friends and acquaintances Christians? Yes No

Are most of your friends your age? Yes No

Do you know any students attending DCA? Yes No

J. Select three adjectives that friends might use to describe you. _____

K. Have you ever used tobacco? Yes No

Drugs? Yes No

Alcoholic Beverages? Yes No

If there is a "Yes" answer, please explain: _____

With my signature below, I certify that I have answered the above questions honestly and completely and have provided all pertinent information the Admissions Committee needs to know about me for admissions to DCA.

Student Signature:

Date

For Office Use Only

Family # _____ Student # _____



Dominion Christian Academy

ADMISSIONS OFFICE

8332 Fayetteville Rd. Raeford, NC 28376

(910) 565-2004

Dear Pastor:

The mission of Dominion Christian Academy is to educate students who will serve God and impact the world through biblical thought and action. To achieve this mission, our school is committed to the concept that children are best prepared for a life of faith and service for Christ when they are nurtured by all three of the key influences on their lives: the home, the school, and the church.

The family listed on the enclosed form is applying for admission to our school. Your understanding of the family, their continual progress in faith, and any particular information about its special needs will be very helpful to our Admissions Committee. We desire that families maintain active involvement with a local church that supports the school's statement of faith, which is included below.

Thank you for your assistance to us and to this family. Please submit the attached form and return to the parent/guardian for submission to the school's Admissions Office. If you are in need of assistance or have any questions, please feel free to contact us.

Thank you for your attention to this matter,

Dominion Christian Academy Admissions Department

PASTOR'S RECOMMENDATION

*After you have filled in Part I, please give this to your pastor
to complete and mail directly to the school.*

I. Family Name _____
Family Address _____
Names of children seeking
admission to DCA 1. _____ 3. _____
2. _____ 4. _____

II. ***To be filled in by the Pastor.***

Describe the family's church attendance:

_____ Regular (3-4 X per mo.) _____ Irregular (1-2 X per mo.) _____ Seldom

Church membership of parents: Both Parents Father Mother Neither Parent

Is the family active in your church beyond Sunday attendance? Yes No

If yes, please explain: _____

Are the children active in the youth program of the church? Yes No

Do you consider the children open to spiritual instruction? Yes No

What is your understanding of this family's relationship with God?

Are there any concerns that should be known by the school which could either positively or negatively influence the decision of the Admissions Committee?

Do you recommend the family for admission to Dominion Christian Academy ? Yes No

Pastor's Signature _____ Pastor's Name _____

Church Name _____ Church Phone _____

Church Address _____

**Please return to: Admissions Office, Dominion Christian Academy
8332 Fayetteville Rd. Raeford, NC 28376 or email to info@dcaraeord.com**

**(This form can be returned to the family member who submitted it. If any
questions or concerns arise, a member of our staff will contact you directly.)**



Dominion Christian Academy

STUDENT INTEREST / ACTIVITY SHEET

Middle and High School

Name _____

Grade Entering _____

Please tell us some of your interests and some of the things you especially enjoy doing. Put a check mark "✓" next to the things you like to do, and put an "X" by the things that are your favorite or that you like to do the most. Thank you!

ACADEMICS

- Computer/Technology
- English
- History/Social Studies
- Language
Which? _____
- Mathematics
- Science
- Bible

ARTS

- Creative Writing
- Drama
- Instrumental Music
What? _____
- Painting/Drawing
- Photography
- Sculpture/Ceramics
- Vocal Music
- Other _____

ATHLETICS

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Track |
| <input type="checkbox"/> Football | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ice Hockey | |

SPECIAL INTERESTS

Please tell us any of your special interests, talents, or hobbies.

ACTIVITIES

- Clubs
Which? _____
- Community Service
What? _____
- Student Council
- Church Youth Group
- Other Church Activities
- Other _____

OTHER INTERESTS

- Being with friends
- Movies
- Music
- Reading
- Travel
- Writing
- Other _____



OFFICIAL REQUEST FOR STUDENT RECORDS

Student: _____

Date of Birth: _____ Current Grade: _____

Current School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Dates Attended: _____ Grades Attended: _____

I hereby authorize release of the above stated information to Dominion Christian Academy.

(Parent-Printed Name)

(Parent-Signature)

(Date)

The above student **has been admitted**
into Dominion Christian Academy.

Please send all school records to:

**Dominion Christian Academy
8332 Fayetteville Rd.
Raeford, NC 28376**

Please include:

- Report cards, including current grades
- SAT's, Student Assessments
- Special Education records, Psychological records
- Birth certificate

For DCA Office Use Only

DATE OF REQUEST: _____

DATE REQUEST RECEIVED: _____