# 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. and 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:

1. Dominion Christian Academy (DCA) believes that the Bible is the inspired, infallible, authoritative Word of God.
2. There is one God-Father, Son, and Holy Spirit eternally exist as one.
3. 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:

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
2. 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).
3. 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).
4. 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).
5. 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).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9 ned 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

## 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

*First, Middle, Last*

Mr. Dr. Rev. Other

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

*Area Code, Number*

E-Mail:

Business Address

*Number and Street City, State, Zip*

###### MOTHER

Name

*First, Middle, Last*

Mrs. Miss Dr. Other

Home Address

*Number and Street City, State, Zip*

Cell #

*Area Code, Number*

E-Mail:

Marital Status  Married  Widowed  Separated  Divorced  Remarried  Single

Employer’s Name Occupation/Title

Telephone

*Area Code, Number*

E-Mail:

Business Address

*Number and Street City, State, Zip*

###### CHURCH INVOLVEMENT

Church Father Attends Church Mother Attends

Member?  Yes  No 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 Guardian Date:

Mother Guardian Date:

Tuition at Dominion Christian Academy includes the following: technology use, school ID's, language arts novels, assigned lockers or cubby spaces. Middle and upper school students may be assigned an iPad or other technology for use in the eighth through twelfth grades.

|  |  |  |
| --- | --- | --- |
| TUITION PRESCHOOL (WEEKLY) | | |
| STUDENT AGE GROUP | TUITION FEE | REGISTRATION FEE \* |
| PRE-K 1 & 2 YEAR OLDS | $165 | $75 |
| PRE-K 3 & 4 YEAR OLDS | $155 | $75 |
| TUITION K-12 ACADEMY (ANNUAL) | | |
| STUDENT GRADE LEVEL | TUITION 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 PreK4-12th grade 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 and members of the military may 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***

Date Application Completed

Date of Enrollment

**CHILD'S INFORMATION:**

Date of Birth:

Full Name: Last First Middle Preferred Name

**EMERGENCY CONTACT**:**S:**

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 |
| Name | Relationship | Phone Number |
| 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

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**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

* 1. **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?

* + 1. 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**

* 1. **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 4-12**

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

1. Address

Zip Phone

1. School District Resides with: Mother Father Both Guardian
2. Name and address of church where child attends
3. Grade to be entered Date to be entered
4. 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:

1. 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:
2. 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 Name of School

Grade(s) Grade(s)

Year Year

1. What is your child’s attitude toward school and teachers?
2. 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**:

1. 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**:

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

 Yes  No If yes, please explain:

1. Does your child wear glasses or corrective lenses?  Yes  No Date started wearing glasses:
2. Has your child had a history of ear infections or hearing difficulty?  Yes  No

If yes, please explain:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Distractible |  Past Personnel |  Present Personnel |  At Home |
| Inattentive |  Past Personnel |  Present Personnel |  At Home |
| Disturbs other children |  Past Personnel |  Present Personnel |  At Home |
| Is often late in completing assignments |  Past Personnel |  Present Personnel |  At Home |
| Exhibits aggressive behavior |  Past Personnel |  Present Personnel |  At Home |
| Has difficulty following oral instruction |  Past Personnel |  Present Personnel |  At Home |
| Has difficulty following written instruction |  Past Personnel |  Present Personnel |  At Home |
| Has difficulty with oral expression |  Past Personnel |  Present Personnel |  At Home |
| Has difficulty with written expression |  Past Personnel |  Present Personnel |  At Home |

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

###### GENERAL / SPIRITUAL

* 1. How did you learn about Dominion Christian Academy?
  2. 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?

* 1. 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?

###### ACADEMIC

* 1. Do you get your homework done at school or do you take it home with you every day?
  2. What subject is hardest for you?
  3. What was your average grade in school last year?
  4. Have you ever been on the honor roll?  Yes  No
  5. Have you ever failed a subject?  Yes  No What?
  6. Do you plan to go to college?  Yes  No
  7. What occupation would you like to pursue as an adult?
  8. Have you received any honors in school or outside of school?  Yes  No

What are they?

###### PERSONAL / BEHAVIORAL

* 1. What do you enjoy doing in your free time?
  2. How often do you read a book?
  3. What books have you read most recently?
  4. How much time do you spend watching TV during the school year?

Numbers of hours daily? Number of hours weekly?

* 1. How much time do you spend on the computer/Internet per week?
  2. Do you have a part-time job after school or on weekends?  Yes  No What is it?

1. 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

1. Select three adjectives that friends might use to describe you.
2. 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*



## 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.***

1. Family Name

Family Address Names of children seeking

admission to DCA 1.

2.

##### To be filled in by the Pastor.

Describe the family’s church attendance:

3.

4.

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 Church Name

Pastor’s Name Church Phone

Church Address

**Please return to: Admissions Office, Dominion Christian Academy**

**8332 Fayetteville Rd. Raeford, NC 28376 or email to** [**info@dcaraeford.com**](mailto:info@dcaraeford.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 “” by the things that are your favorite or that you like to do the most. Thank you!

ACADEMICS ACTIVITIES

 Computer/Technology  Clubs

 English Which?

 History/Social Studies  Community Service

 Language What?

Which?  Student Council

 Mathematics  Church Youth Group

 Science  Other Church Activities

 Bible  Other

ARTS

 Creative Writing

 Drama OTHER INTERESTS

 Instrumental Music

What?

 Being with friends

 Movies

 Painting/Drawing  Music

 Photography  Reading

 Sculpture/Ceramics  Travel

 Vocal Music  Writing

 Other  Other

ATHLETICS

 Baseball  Lacrosse

 Basketball  Skiing

 Biking  Soccer

 Cheerleading  Softba**l**

 Cross Country  Tennis

 Field Hockey  Track

 Football  Wrestling

 Golf  Other

 Ice Hockey SPECIAL INTERESTS

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



Student:

***OFFICIAL REQUEST FOR STUDENT RECORDS***

Date of Birth: - - - - - - - - Current Grade: --------

Current School: Address: -- - - - - - - - - - - - - - - - - - - - - - - - - - -

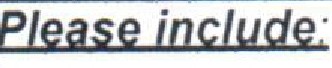
City: State: Zip:

Phone: (

) \_

Fax: L\_) \_

Dates Attended :------ Grades Attended:-----

*I* ***hereby authorize release* of *the above stated information to Domiatoa Christi.a.a Academy.***

(Par ent -Print ed Name) **(Parent-Signature)** (Date)

|  |  |
| --- | --- |
| The above student ***has been admitted***  into Dominion Christian Academ y. Please send all school records to:  **Dominion Christian Academy 8332 Fayetteville Rd.**  **Raeford, NC 28376** |  |
| 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 :\_ \_ \_ \_ \_ \_

