



Desmond T. Doss Christian Academy

19 George Street • Lynchburg, VA 24502 • phone: 434-237-1899 • fax: 434-237-0820

REGISTRATION FORM

Applying for Grade _____

County _____

School District _____

Student's Legal Name: Last _____ First _____ Middle _____

Name by which called _____ Date of Birth (mo/day/year) _____

Birthplace: City _____ State _____ Age: Yrs _____ Mths _____

Email _____

Address (and change of address)

1: Street _____ City _____ State _____ Zip _____ Tel. _____

2: Street _____ City _____ State _____ Zip _____ Tel. _____

3: Street _____ City _____ State _____ Zip _____ Tel. _____

FAMILY INFORMATION	FATHER	MOTHER	GUARDIAN
Full Legal Name			
Home Address <i>(if different from above)</i>			
Home Tel. <i>(if different)</i>			
Occupation			
Business Phone			
U.S. Citizen	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other: _____
SDA Member	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other: _____	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other: _____

Membership is at _____ Church Date of child's baptism _____

We agree to abide by the regulations of the school and pledge our full cooperation. Date Signed _____

Student Signature _____ Parent or Guardian Signature _____

Person to notify in emergency (include relationship to child)

1: _____ Relation _____ Tel. _____

2: _____ Relation _____ Tel. _____

3: _____ Relation _____ Tel. _____

Registration Form Pg 2

Family Physician _____ Tel. _____

Date of last physical exam _____ Is current physical form completed? _____

Factors which may interfere with child's learning:

Hearing Sight Speech Heart Other physical or emotional problems _____

Explain: _____

Language other than English used in the home? _____

CHILDREN IN FAMILY IN ORDER OF BIRTH INCLUDING THIS CHILD

NAMES	SEX	BIRTHDATE

My child will go to and from school by: Walking Bicycle Family Car Carpool

Where child is to go regularly after school: _____

TRANSFER STUDENTS ONLY:

School Last Attended _____

School Street Address _____

City _____ State _____ Zip _____

Grade Completed _____

NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.

Please save your completed form to your hard drive, then email it to info@desmondtdoss.org.

NOTE: Be sure you attach the completed PDF form(s) to your email before you hit Send.

