

*Dikaios Christian Academy*  
ENROLLMENT FORM & YEAR PLAN  
20\_\_-20\_\_

Parents' Names: \_\_\_\_\_

Address where classes will be conducted: \_\_\_\_\_

Phone number where classes will be conducted: (     ) \_\_\_\_\_

**Student Info:**

List all children you are enrolling in the PSP:

1. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Is this student new to PSP? \* Yes \_\_\_\_\_ No \_\_\_\_\_

2. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Is this student new to PSP?\* Yes \_\_\_\_\_ No \_\_\_\_\_

3. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Is this student new to PSP?\* Yes \_\_\_\_\_ No \_\_\_\_\_

4. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Is this student new to PSP?\* Yes \_\_\_\_\_ No \_\_\_\_\_

5. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Grade: \_\_\_\_\_ Is this student new to PSP?\* Yes \_\_\_\_\_ No \_\_\_\_\_

**Teacher Info:**

Name of full time teacher: \_\_\_\_\_

Is this teacher employed outside of the home? Yes  No  (If yes, complete Primary Teacher form)

Teacher's educational history (*list the highest level of education completed, earned degrees, and/or any pertinent classes*):

\_\_\_\_\_

Name of part-time teacher (*include tutors, etc.*): \_\_\_\_\_

Educational history \_\_\_\_\_

**School Year:**

Please describe your proposed schedule for the coming academic year.

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Number of days in each semester/quarter \_\_\_\_\_ (**report cards are due after the completion of 90 days of work**)

Number of grading periods: (*minimum of two*) \_\_\_\_\_

Vacation breaks (dates and duration):

\_\_\_\_\_

Number of proposed school days \_\_\_\_\_ (must be at least 180 for the year)

Year-round school schedule  Traditional school schedule

\*Complete a "Request for Records Form" for this child