



Enrollment Form for Kindergarten Level

S. Y 2021 - 2022

ENROLLMENT CHECKLIST

All DAI students must submit the following documents to complete the enrollment process.

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|--|--|
| <input type="checkbox"/> Complete Application Form | <input type="checkbox"/> Signed Data Privacy and Terms of Agreement Form |
| <input type="checkbox"/> Student Health and Assessment Form | <input type="checkbox"/> Copy of Clinical Diagnostic Report (If any) |
| <input type="checkbox"/> Emergency Care Plan | <input type="checkbox"/> Student ID photo (2x2, 4 copies) |
| <input type="checkbox"/> Birth Certificate (Original or Certified True Copy) | <input type="checkbox"/> Family Photo |
| <input type="checkbox"/> Media Release Waiver | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Pick-up and Drop off Protocol & Photos of Fetchers | |

FOR OFFICE USE ONLY	
Form Details	<input type="checkbox"/> Completed
Enrollment Requirements	<input type="checkbox"/> Completed
Interview Status	<input type="checkbox"/> Completed
Reviewed by	
Date Reviewed	
Admission #	

Date (MM/DD/YYYY)



Section A

Student Information

Student's Name			Nickname:
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Date of Birth (MM/DD/YYYY)	Place of Birth	Gender	Citizenship
Complete Residential Address	Home Number	Religion	
		<input type="checkbox"/> Yes _____	
		<input type="checkbox"/> Yes but I do not wish to disclose	
		<input type="checkbox"/> None	



Section B

Emergency Contact

Emergency contact in case Parents cannot Be reached Please Notify the Admissions Office of any changes in phone numbers or contact persons.	Name	Phone Number	Mobile Number	Relationship to student
	Primary Contact			
	Secondary Contact			
	Local Doctor or Health Contact Provider			



Section C
Family Information

Father or Guardian #1's Name			Nickname
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Relationship to Applicant		Highest Educational Attainment & School	
Name of Employment	Position	Office Tel.	Office Address
Preferred Email (This email will receive school bulletins and announcements)		Mobile Number	

Mother or Guardian #2's Name			Nickname
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Relationship to Applicant		Highest Educational Attainment & School	
Name of Employment	Position	Office Tel.	Office Address
Preferred Email (This email will receive school bulletins and announcements)		Mobile Number	



Section C
Family Information

Parent's Civil Status <input type="radio"/> Single <input type="radio"/> Married or Domestic Partnership <input type="radio"/> Widowed <input type="radio"/> Separated/Living Apart	Who is the custodial parent/guardian? <input type="radio"/> Father/ Guardian 1 <input type="radio"/> Mother/ Guardian 2 <input type="radio"/> both
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Sibling Information			
Name	Date of Birth <small>(MM/DD/YYYY)</small>	Gender	School

Section D:
Parent/s Declaration

<p>We certify that all the information provided is complete and correct. We grant consent for The Discovery Academy of Innovation to collect, process, use, and store personal data and information in compliance with the school's data privacy policy.</p>	
Printed Name and Signature of Mother/Guardian 	Printed Name and Signature of Mother/Guardian
Date <small>(MM/DD/YYYY)</small>	Date <small>(MM/DD/YYYY)</small>