



Divine Savior Academy

A Christian Academy Dedicated to Excellence

STEPS FOR ENROLLMENT

To enroll a student at Divine Savior Academy, complete the following steps:

1. Schedule a meeting with the DSA Admissions Department to learn more about our educational programs and student expectations.
2. Submit the enrollment application form and registration fee to the school office. Office hours are Monday through Friday, 7:30 a.m. to 4:00 p.m.
3. Schedule a student evaluation with the DSA Admissions Department. Students will be evaluated in several areas: language and communication development, willingness to learn, maturity, social skills, conduct, manual dexterity, and general academic knowledge.
4. On the day of the student evaluation, submit previous progress reports, school records, standardized test results, and the school recommendation form.
5. The DSA Admissions Department will review all forms and evaluations to determine student admission. Families will be notified with the results.
6. Once admission is granted, submit the student's health and immunization records. Florida state law prohibits children from beginning school without updated records.

Pasos para inscribir a un estudiante en Divine Savior Academy:

1. Los padres interesados deben reunirse con el Departamento de Admisiones para conocer un poco más sobre los programas de DSA y las expectativas de los estudiantes.
2. La Aplicación para la inscripción debe ser sometida con el pago correspondiente. Puede ser entregada en nuestras oficinas de Lunes a Viernes, de 7:30 a.m. a 4:00 p.m.
3. Una cita para la evaluación del estudiante será programada. El estudiante es evaluado en diferentes áreas como: lenguaje y capacidad de comunicación, deseo de aprender, madurez, habilidades sociales, conducta, destreza manual y conocimiento académico en general.
4. Las calificaciones previas, registros, resultados de evaluaciones estatales y recomendaciones de la escuela deben ser entregados a más tardar el día de la evaluación.
5. El resultado de las diferentes evaluaciones serán las que determinen la admisión del estudiante en DSA.
6. Se deben proporcionar los registros actualizados del examen físico y vacunas. Leyes del Estado de la Florida prohíben el inicio de estudiantes en la escuela sin dichos registros.



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ENROLLMENT APPLICATION

10311 NW 58th St. :: Doral, FL 33178 :: 305-597-4545 :: fax 305-597-4077 :: www.divinesavioracademy

Student Information

First Name		Last Name		Gender
Home Address		City	State	Zip Code
If you wish correspondence sent to an address other than the above, please indicate here:				
Home Telephone Number		Home Email Address		
Place of Birth	Age	Date of Birth		
Child is a Resident of <input type="checkbox"/> United States <input type="checkbox"/> Other:	Grade Applying For	Is Child Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent Information

Father / Legal Guardian's Name		Mother / Legal Guardian's Name	
Occupation / Title	Place of Employment	Occupation / Title	Place of Employment
Business Phone Number	Cell Phone Number	Business Phone Number	Cell Phone Number
Email Address	Place of Birth	Email Address	Place of Birth
Parents are... <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		If parents are living apart, with whom does the child reside?	

Family Information

Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Siblings at home	
My child has been speaking English since age...		Name	Date of Birth
Name of Church Home (if any) We attend church <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Not at all		_____	_____
		_____	_____
		_____	_____

Academic Information

Please name the most recent academic institution your child attended.

Has your child ever experienced problems in school in any of the following areas? Check all that apply and briefly explain.

- Social Adjustment _____
- Discipline _____
- Particular Academic Subject(s) _____

Has your child ever been diagnosed with any learning disabilities?

Yes No | Comment: _____

Does your child have any physical condition which could affect school performance or limit participation in school activities?

Yes No | Comment: _____

Has your child ever been promoted more than one grade in a year?

Yes No | Comment: _____

Has your child ever been retained in a grade?

Yes No | Comment: _____

General Information

Please describe any personal or academic strengths that will help us better understand your child.



1. We have read and agree to comply with all school policies as outlined in the DSA school handbook.
2. We have read and agree to abide by the guidelines pertaining to tuition payments and other related fees.
3. We agree to supervise our child's homework and see to it that assignments are completed on a regular basis.
4. We give permission for our child to participate in all school activities, including field trips, unless we provide written notice to the contrary.
5. We authorize school personnel to secure emergency medical treatment for our child should he/she become seriously ill or injured and the parents cannot immediately be reached.
6. We agree to attend the parent orientation meetings in August and September.

Father: _____ Date: _____

Mother: _____ Date: _____

Submit Completed Enrollment Application

- In school office Monday through Friday, 7:30 a.m. - 4:00 p.m.
- Via mail to Divine Savior Academy, 10311 NW 58th Street, Doral, FL 33178
- Via Fax: 305-597-4077



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STUDENT PROFILE

Student Name: _____ Age: _____ Grade: _____

Medical Information

Doctor / Dentist Information	Current Record
Doctor's Name:	
Doctor's Phone:	
Doctor's Location:	
Dentist's Name:	
Dentist's Phone:	
Dentist's Location:	

Health History	Current Record
List Allergies:	
Special Health Considerations:	
List Medications Administered at Home:	
List Medications Administered at School:	
Does Child Wear Corrective Lenses?	
Does Child Use Hearing Aids?	
Does Child Have Asthma?	
Does Child Have Diabetes?	
Suffer Frequent Ear Infections?	

Emergency Contact Information

In an **EMERGENCY** situation when we cannot reach you, please list at least two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency Contact Person(s)	Name	Contact Information
Name and Phone of 1st Contact:		
Relationship to Student:		
Name and Phone of 2nd Contact:		
Relationship to Student:		
Name and Phone of 3rd Contact:		
Relationship to Student:		
Name and Phone of 4th Contact:		
Relationship to Student:		

If deemed necessary, your student will be sent to your family doctor or emergency room at parent/guardian's expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Divine Savior Academy - Doral, FL personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

Signature Required: _____ Dated: _____

The above signature acknowledges that I have read and consent to the above.

Permissions

May administer non-aspirin: Yes No

I grant permission for my child to go on walking field trips: Yes No

I have reviewed and revised my student's information: _____

(Signature Required Here)

(Today's Date)

Submit Completed Student Profile

Please submit completed student profile with application and registration fee in one of the following ways:

- In school office, Monday through Friday, 7:30 a.m. - 4:00 p.m.
- Via mail to Divine Savior Academy, 10311 NW 58th Street, Doral, FL 33178
- Via Fax: 305-597-4077



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SCHOOL RECOMMENDATION FORM

10311 NW 58th St. Doral, FL 33178 :: (305) 597-4545 :: fax (305) 597-4077 :: www.DivineSaviorAcademy.com

Name of Applicant

Grade Applying For

The above-named student has applied for admission to Divine Savior Academy. Your recommendation as the applicant's teacher or counselor is very important in our consideration of his/her application. Please complete this form and mail or fax it to Divine Savior Academy along with:

- A transcript of grades earned for the last two years and the current year-to-date grades including the marking system you use (A=96 to 100, for example).
- All standardized test scores for achievement, ability, and intelligence. Please include percentiles or stanines whether national or independent school norms were used.

The information on this form is for the Admissions Department's use only. It will not be shared with the applicant or the applicant's family and will not become a part of the applicant's permanent file.

This paragraph is for schools outside the United States only: Transcripts in a foreign language must be translated into English and certified by a United States Consul. In addition to the mark received for each subject, foreign transcripts must show the number of classroom hours per week for each subject. If a mathematics course was taken, please indicate course content if the title is not self-explanatory. With this information, we can properly place the student.

We would appreciate your observations about the areas listed below. Please evaluate the applicant in comparison with other young people of the same age with whom you have worked by placing a number (1 is the lowest, 5 the highest) in the far right column. Please use N/A where you have insufficient evidence to make a judgment.

AREAS	5	4	3	2	1	RATING
Academic Ability	Exceptionally promising, High Honor Roll	Fine student, Honor Roll	Capable of passing work, but not honors	Marginal ability or questionable motivation	Poor academic risk	
Extracurricular Activities	Outstanding leader, "top tier" activities	Major participant	Fairly active, minor activities	Minor participation	Few or no activities	
Integrity	Exceptional	Noteworthy	No cause to question	Questionable	Few or no activities	
Conduct and Neatness	Outstanding	Very good	Good or acceptable	Marginal	Poor	
Initiative and Drive	Outstanding, resourceful	Well above average	Generally acceptable	Occasionally lacking	Very weak	
Personal Qualities	Outstanding person in all aspects	Generally quite strong	Average, no strengths/ no weaknesses	Not very appealing, immature	Very weak	

AREAS	5	4	3	2	1	RATING
Independent Work and Study Habits	Excellent	Well above average	Average	Weak	Unsatisfactory	
Recommendation as a Student	Outstanding	Excellent	Good	Fair	Poor	
Recommendation as a Person	Outstanding	Excellent	Good	Fair	Poor	

1. How do you consider the parent's role in the applicant's education?

Very Cooperative Usually Cooperative Rarely Cooperative Rather Disinterested No Communication

2. Do the parents meet their financial obligations? Always Never Sometimes

3. Please check if the applicant has ever been recommended for any of the following programs:

Gifted Learning Disabled Impaired Vision Speech Hearing
 Remedial Math Remedial Reading Other _____

Did the student participate? Yes No

In which? _____ If no, why? _____

4. Is the applicant eligible to re-enter your school for the next term? Yes No
 If "no", please explain _____

5. Does the applicant have any significant limitations (physical, emotional, social)? Yes No
 If "yes", please explain _____

6. Has the applicant been involved with alcohol or drugs? Yes No

7. Has the applicant participated in or initiated disorderly, disruptive, or unmannerly conduct? Yes No

8. Has the applicant been disciplined by administrative officials? Yes No

9. Has the applicant been: suspended? expelled? Reason _____

Thank you for your time and effort in evaluating this student and assisting both the applicant and Divine Savior Academy.

Juanita Wells, Admissions Director
 Phone: (305) 597-4545 Email: juanita.wells@dslca.org

 Signature Print Name Title Date

 School Name Phone Number

 Address City State Zip Code



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TRANSCRIPT REQUEST

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Date: _____

To: _____
(Name of School)

Address: _____

Please fill out the Divine Savior Academy Parental Release of Records below:

As parent/guardian of _____ Date of Birth _____

I hereby give permission for the immediate release of the following records:

- Academic
- Attendance
- Conduct
- Medical
- Psychological
- Social

Signature of Parent or Guardian: _____ Dated: _____

Please forward records to:

Mrs. Juanita Wells
Director of Admissions
Divine Savior Academy
10311 NW 58th St.
Doral, FL 33178

I understand that this information will be used in the best interest of the above named person, with due respect to confidentiality.



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REGISTRATION FEE

This letter serves to acknowledge that I/we understand that the \$475 registration and testing fee we have paid today is non-refundable. The only exception to this is if Divine Savior Academy cannot accept the student for any reason. In which case, the \$400 registration fee will be returned. The \$75 testing fee is always non-refundable.

Please note that upon acceptance of your child as a student at Divine Savior Academy books and fees are non-refundable.

Parent Signature

Parent Signature

Date



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Tuition and Fees 2017 - 2018

New Applicants

APPLICATION AND TESTING FEE: (Per Student - Nonrefundable)

Testing Fee (nonrefundable):	\$ 75
Application Fee (nonrefundable):	\$ 400

TUITION	Annual Payment	Semester Payment	10 Payments
K3	\$8,095	\$8,260	\$8,430
K4	\$8,210	\$8,380	\$8,550
Kindergarten	\$8,600	\$8,780	\$8,960
Elementary (Grades 1-5)	\$9,310	\$9,500	\$9,695
Middle School (6-8)	\$9,575	\$9,775	\$9,975
High School (9-12)	\$10,665	\$10,885	\$11,110

BOOKS AND FEES: (Due 15 days after acceptance letter - Nonrefundable)

K3	\$880
K4	\$1,030
Kindergarten	\$1,045
Elementary (1-5)	\$1,190
Middle School (6-8)	\$1,510
High School (9-12)	\$1,620

SIBLING DISCOUNTS:

	Tuition	Fees
Second Student Annual Discount:	\$400	\$100
Third Student Annual Discount:	\$600	\$200
Fourth Student Annual Discount:	\$800	\$300

OTHER FEES:

ESL Class (2/3/4/5 days a week)	\$100/\$150 \$175 \$200 (monthly)
ELL Program:	\$3,000
I-20 Preparation:	\$200
Graduation Fee (12th only):	\$250

Before and After Care

DSA provides supervised care for students before and after school. Please speak with the school office for more information. A \$25 flat fee will be assessed to children picked up after 6:00 p.m.

Before Care (7:30 am - 8:15 am)

Cost: Free

After Care (3:00 pm - 6:00 pm)

Cost: \$3.00/half hour or \$75.00/week

Advanced Placement and STEM

Students enrolling in AP classes or the STEM program will be assessed the following fees. These fees cover the cost of additional materials and books re-quired for both the AP and STEM programs. AP and STEM fees must be paid in the first month of each semester.

AP: \$125 (per class)

STEM: \$150 (per class)

Late Payments

Payments received after the 10th of each month will be assessed a \$50 late fee. There is a charge of \$30 for returned checks. Please do not request late or returned check fee waivers.

Voluntary Withdrawals

Students attending school for any part of the month are responsible for the full payment for that month. Fees of any kind are non-refundable.

Payment Methods

Divine Savior Academy accepts checks, Visa, and Master Card. Money orders must be made out to Divine Savior Academy. Credit card fees may apply.

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