

Divine Savior Academy A Christian Academy Dedicated to Excellence

ENROLLMENT APPLICATION

10311 1 v w 30th 3t	Dorat, FE 33176	303-377-43	145 IAX 50	3 377 1077	****	w.c.ivinesavioracademy	
Student Information							
First Name		Last N	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		ge			Date of Birth		
Child is a Resident of			Grade Applying For			Is Child Baptized?	
☐ United States ☐ Other:						☐ Yes ☐ No	
Parent Information							
Father / Legal Guardian's Name			Mother / Legal Guardian's Name				
Occupation / Title Place of Employme		t	Occupation ,	ccupation / Title		Place of Employment	
Business Phone Number Cell Phone N			Business Phone Numb		er (Cell Phone Number	
Email Address Place of Birth			Email Address		Place of Birth		
Parents are			If parents are living apart, with whom does the child reside?				
☐ Married ☐ Divorced ☐ Separated							
	•						
Family Information							
Primary Language Spoken at Home			Siblings at home				
□ English □ Spanish □ Other:			Name D		Date of Birth		
My child has been speaking Er							
Name of Church Home (if any							
We attend church □Regularly							