DOMINION & POWER CHRISTIAN ACADEMY

2026–2027 STUDENT ENROLLMENT APPLICATION

Student Full Name: _____
Date of Birth: _____ Grade Applying For: _____
Gender: _____
Parent/Guardian Name: _____
Parent Phone Number: _____
Parent Email Address: _____
Home Address: _____
City/State/Zip: _____
Previous School Attended: _____
Emergency Contact Name & Number: _____
Does Student Have Allergies or Medical Conditions? _____
_____
Does Student Have an IEP or Educational Plan? _____
_____

Required Documents

■ Birth Certificate

■ Immunization Records

■ Parent/Guardian ID

■ Previous School Records/Report Card

■ Proof of Address

Parent Agreement

I certify that the information provided on this enrollment application is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____