



# APPLICATION

**Dublin Christian Academy**

**PO Box 521**

**Dublin, New Hampshire 03444-0521**

Phone: (603) 563-8505 Fax: (603) 563-8008 E-mail: [dca@dublinchristian.org](mailto:dca@dublinchristian.org)

Admissions: (800) 537-6292

Application for Fall \_\_\_\_\_ or Mid-Year \_\_\_\_\_ Day \_\_\_\_\_ Dorm \_\_\_\_\_

## Prospective Student's Full Name and Address

\_\_\_\_\_  
*First Middle Last* *Please Enclose  
Recent Picture*

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthplace \_\_\_\_\_ Grade Entering DCA \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

## Parent or Guardian's Name and Address

\_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

## General Information

Name and address of school you are attending or last attended

\_\_\_\_\_

\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name and address of the church you attend

\_\_\_\_\_

\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**A \$35.00 non-refundable application fee must accompany application  
or in case of Fax or E-mail, sent separately.**