



THE DANIEL ACADEMY

A SCHOOL FUELED BY PRAYER

WWW.THEDANIELACADEMY.COM

310 W. 106TH STREET
KANSAS CITY, MO 64114
(816) 943-0923

To apply to The Daniel Academy, please drop off or mail the following items:

1. The attached **Parent Application** form
2. The background check form – one for each parent
3. The **Student Application** form
4. The student's transcripts and records from their past school, including any IEPs
5. The student's current immunization records
6. Check payable to The Daniel Academy (or TDA) for the \$75 application fee.

Payments can also be made through a money order or Paypal.

To make a payment using PayPal send to payments@thedanielacademy.com. Remember you must select sending to a friend or it will deduct fees from your payment.

We will be emailing you within a week of receiving your application with more information.

Please email all questions regarding enrollment to Jasmine Small:

jasminessmall@thedanielacademy.com



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Parent Information – 2020-2021

Parents Names (if you are a blended family please list all names)	
Street Address	
Father's Cell Phone	Mother's Cell Phone
Father's Email Address	Mother's Email Address
What is your family church? How long have you attended there?	
Please list names and ages of all siblings of the applying student.	
Father's education background (including any degrees) and occupation.	
Mother's education background (including any degrees) and occupation.	
Please list father's skills and passions.	
Please list mother's skills and passions.	
Would you be willing to teach or tutor at TDA? If so, in what area?	

Personal Responses from Parents

What is your definition of a Christian?

Based on this definition, are both parents Christians? Father? Mother?

Where did you hear about The Daniel Academy?

Did both parents and high school students watch required videos on our website – www.thedanielacademy.com?

What specifically led you to apply to The Daniel Academy? What part of the vision and values do you most connect with?

What are you hoping your child will receive at The Daniel Academy? What do you desire for your child in terms of the Daniel calling?

What interests do you hope to see your child exploring in 5-10 years?



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AUTHORIZATION AND REQUEST FOR BACKGROUND CHECK - one per each parent

In order for all our parents to be able to come and go in our school, we require this check on all parents and teachers.

I, _____, hereby authorize The Daniel Academy from time to time, as deemed appropriate, to request any law enforcement or any other agency chosen by The Daniel Academy specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether local, state, or national, and including but not limited to accusations and convictions or crimes committed against minors, to the fullest extent permitted by local, state and federal law. I do release said law enforcement agencies and any other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____

Place of birth: _____

Social Security Number (required): _____

Driver's license number: _____

State issuing license: _____

License expiration date: _____

Current Address: _____

Previous Address: _____

Have you ever been convicted of a felony? If so, please give details and when it occurred.



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Signature of Applicant: _____ Date: _____

Print Full Name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____

Place of birth: _____

Social Security Number (required): _____

Driver's license number: _____

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