

2026-2027
Home School Support
Elective Program Application

Friday Only 8:45 am – 12:00 pm

Dacula Classical Academy

SACS Accredited Private Academy

P.O. Box 1938, Dacula, Ga 30019

678-377-0080

Student's Name: First _____ Middle _____ Last _____

Preferred Name: _____ Gender: M F Age as of Sept 1st: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Address (if different): _____ City: _____ State: _____ Zip: _____

Grade Level for upcoming school year: _____

Will this student be driving to DCA?

Yes No

Driving Students must complete a Student Driver Information form

Student Resides with: Both Parents Mother Father Other

People who can pick up student: _____

Father's Full Name: _____ Employer: _____

Mother's Full Name: _____ Employer: _____

Family Email: _____ Student's Email: _____

Preferred Primary Contact No.: _____ Home Phone No.: _____

Mother's Cell #: _____ Father's Cell #: _____ Father's Work #: _____

Emergency Contact (someone other than parents): _____ Relationship: _____ Phone #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Allergies: None Known or List: _____

Notable Medical Information: None or list: _____

I declare that the above information provided is true and accurate to the best of my knowledge. I understand that all applications will be reviewed by Dacula Classical Academy (DCA) administration before final acceptance. Failure to submit all required documents may result in denial of my application (a list of required documents can be found on the website admissions page). By signing below, I am giving DCA permission to collect the student's school records if necessary. **{{_}} Please initial.**

PHOTOGRAPHY/VIDEO CONSENT: Yes, I consent to photography/video of my student or No, I do not consent to photography/video of my student. I understand DCA regularly photographs, videotapes, or records by other visual or sound recording devices during school functions on campus and at other school events that may be off campus. In consideration for allowing my child to participate in said functions and events, I consent to my child's photograph, likeness, or image being used by DCA in video presentations, publications, and promotions on the school's website or in any lawful manner. **{{_}} Please initial.**

SCHOOL HANDBOOK AND PROCEDURES: I have read the **DCA Handbook** and agree to abide by the **Code of Conduct**, including the **Dress Code**. I understand and agree to abide by the disciplinary procedures outlined in the **DCA Handbook** regarding violations of the **Code of Conduct**. I understand and agree that failure to abide by the disciplinary procedures may result in suspension or expulsion of my student. I understand and agree to the financial obligation of payment for the full year once the school year has begun if there is a resultant suspension or expulsion. **{{_}} Please initial.**

FINANCIAL OBLIGATIONS: Please prayerfully consider this commitment before submitting this application. You will be held liable for payment for the full year once the school year has begun--regardless of student attendance, suspension, withdrawal, or expulsion. {{_}} Please initial. The application fee is non-refundable except as stated in the DCA Handbook. {{_}} Please initial.

Please sign here indicating that you are willing to abide by the above conditions and statements in their entirety.

Parent/Guardian Signature: _____ Date: _____

2026-2027 TUITION AND FEES

- All fees and tuition are non-refundable and non-transferable.
- **You will be held liable for payment of the full year's tuition once the school year has begun.**
- All fees and tuition cover one school year and are subject to change at the beginning of each school year.
- **Registration and electives requests will not be processed without payment of the registration fees.**

Registration Fee New Student: \$250 (\$325 after April 1st) Returning Student: \$150 (\$225 after April 1st)
Tuition \$1,100.00

Payment Plans

Tuition may be paid in one of three ways.

1. **Plan A -- Annual:** One-time payment due by July 1st
2. **Plan B -- Biannual:** Two payments due July 1st & January 2nd (3% finance charge will be added)
3. **Plan C -- Monthly Installments:** (11) monthly payments due July 1st – May 1st (5% finance charge will be added)

Please select which payment plan you plan to use:

1 payment 2 payments 11 payments

Choose payment method: cash check ACH (\$3 fee) credit card (3.5% fee)

Please initial each line below to indicate you have read and understand:

- **{{ _____ }}** Payments that are not received by the end of classes the second week of the month will be considered late and are subject to a \$35 late fee per month.
- **{{ _____ }}** Returned payments are subject to a \$35.00 returned payment fee and/or collection of any financial institution fees incurred by DCA due to the returned payment.
- **{{ _____ }}** DCA reserves the right to require the annual payment plan or payment of any remaining financial obligation in full when deemed necessary.