



**2024-2025**  
**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: \_\_\_\_\_

<p align="center">Will this student be driving to DCA?  <input type="checkbox"/>Yes <input type="checkbox"/>No  <i>Driving Students must complete a Student Driver Information form</i></p>	<p>Student Resides with: <input type="checkbox"/>Both Parents <input type="checkbox"/>Mother <input type="checkbox"/>Father  <input type="checkbox"/>Other: _____</p>
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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: \_\_\_\_\_

## 2024-2025 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.**

<b>Registration Fee</b> New Student: \$250 (\$300 after April 1st) Returning Student: \$150 (\$200 after April 15th)
<b>Tuition</b> \$1,000.00

### Payment Plans

***Tuition may be paid in one of three ways.***

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

**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.