



Daniel Island Academy

300 Seven Farms Drive
Daniel Island, SC 29492
Tel (843) 971-5961 • Fax (843) 375-2111

Enrollment Application Form

An Enrollment Application Form and applicable Enrollment Option Form must be completed for each student.

Legal Name of Student: _____
First Middle Last

Nickname: _____

Date of Birth: ____/____/____ **Gender:** MALE / FEMALE

Parent or Guardian Name(s): _____

Residence:

Street City State Zip

Mailing Address: (if different than above)

Street City State Zip

Home #: _____ **Work #:** _____ **Cell #:** _____

Email: _____

Current School / Class Enrolled: _____

Requested Start Date: _____

Sibling(s) Name & Age: _____

How did you hear about DIA? _____

Applications for enrollment are recorded on a first-come, first-serve basis.

All policies and terms published in the DIA Parent Handbook apply.