



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 must be completed for each student
and be submitted in conjunction with a Full Day 10-month or 12-month enrollment form.

ALUMNI: Has anyone in your immediate family graduated from DIA? YES NO

NAME: _____ YEAR GRADUATED: _____

LEGAL NAME OF STUDENT: _____
FIRST MIDDLE LAST

NICKNAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PARENT/GUARDIAN 1 NAME: _____

EMAIL: _____

**WORK emails may have a strict filtering system. PERSONAL is best.*

CELL #: _____ WORK #: _____

PARENT/GUARDIAN 2 NAME: _____

EMAIL: _____

**WORK emails may have a strict filtering system. PERSONAL is best.*

CELL #: _____ WORK #: _____

RESIDENCE: _____
STREET CITY STATE ZIP

RESIDENCE 2: (if separate households):

STREET CITY STATE ZIP

HOW DID YOU HEAR ABOUT DIA? (PLEASE CHECK ONE)

INTERNET SEARCH _____

SOCIAL MEDIA _____

DROVE BY _____

REFERRED BY _____

Daniel Island Academy does not accept medical or religious immunization exemptions.
Applications for enrollment are recorded on a first come, first serve basis.
All policies and terms published in the DIA Parent Handbook apply.