



DIA FAMILY APPLICATION

Must be accompanied with DIA's Waitlist or Guaranteed Enrollment form.

ALUMNI (has anyone in your immediate family graduated from DIA? YES ___ NO ___)

NAME OF GRADUATE: _____ SCHOOL YEAR: _____

PARENT/GUARDIAN 1

NAME: _____

CELL: _____

WORK: _____

EMAIL: _____

RESIDENCE: _____
STREET CITY STATE ZIP

PARENT/GUARDIAN 2

NAME: _____

CELL: _____

WORK: _____

EMAIL: _____

RESIDENCE: _____
STREET CITY STATE ZIP

CHILD(REN) NAME(S): *Please list all that apply (ages 1-5 are eligible to attend DIA)*

NAME: _____

DOB: _____

SCHOOL YEAR: _____

NAME: _____

DOB: _____

SCHOOL YEAR: _____

NAME: _____

DOB: _____

SCHOOL YEAR: _____

NAME: _____

DOB: _____

SCHOOL YEAR: _____

SCHEDULE A TOUR

_____ Yes, I'm interested

_____ I have already toured

_____ I am not interested at this time

TOUR DATE: _____ TIME: _____

HOW DID YOU HEAR ABOUT US? *(please check all that apply)*

_____ Internet

_____ Social Media

_____ Drove By

_____ Referred By *(specify name)*

It is the responsibility of the parent/guardian to update contact information with the front desk accordingly