



thedanielacademy.com

310 W. 106<sup>th</sup> Street  
Kansas City, MO 64114

816.943.0923

www.thedanielacademy.com

### Parent Information – 2016-2017

Parent Names (if you are a blended family please list all names)	
Street Address	
Father's Cell Phone	Mother's Cell Phone
Father's Email Address	Mother's Email Address
What is your family church? How long have you attended there?	
Please list names and ages of all siblings of applying student.	
Father's education background (including any degrees) and occupation.	
Mother's education background (including any degrees) and occupation.	
Please list father's skills and passions.	
Please list mother's skills and passions.	
Would you be willing to teach or tutor at TDA? If so, in what area?	

**Personal Responses from Parents**

What is your definition of a Christian?

Based on this definition, are both parents Christians? Father? Mother?

Where did you hear about The Daniel Academy?

Did both parents and high school students attend the Informational Meeting on March 9<sup>th</sup>? If not, did both parents watch "A Look Inside TDA" video and the first video on the About TDA: Our Vision: page? Did both parents and students watch the "POG" video (About TDA: Our Policies :)? (watching all 6 videos is highly recommended)

What specifically led you to apply to The Daniel Academy? What part of the vision and values do you most connect with?

What are you hoping your child will receive at The Daniel Academy? What do you desire for your child in terms of the Daniel calling?

What do you hope to see your child doing in 5-10 years?



thedanielacademy.com

310 W. 106<sup>th</sup> Street  
Kansas City, MO 64114  
816.943.0923  
www.thedanielacademy.com

**AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK - One per each parent\*\***

*In order for all our parents to be able to come and go in our school, we require this check on all parents and teachers.*

I, \_\_\_\_\_, hereby authorize The Daniel Academy from time to time, as deemed appropriate, to request any law enforcement or any other agency chosen by The Daniel Academy specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether local, state, or national, and including but not limited to accusations and convictions or crimes committed against minors, to the fullest extent permitted by local, state and federal law. I do release said law enforcement agencies and any other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Print all other names that have been used by applicant (if any): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

Driver's license number: \_\_\_\_\_

State issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Have you ever been convicted of a felony? Is so, please give details and when it occurred.

---

---