

**Student Response Form**

**Dayspring Christian Academy**

*(To be completed by all new 6th-12th grade students)*

\_\_\_\_\_ (Student Name)

\_\_\_\_\_ (Grade)

\_\_\_\_\_ (Date of Birth)

Have you received Jesus Christ as your Lord and Savior?  
If yes, describe how.

The name of your church: \_\_\_\_\_

Do you attend church on a regular basis? *circle* yes no  
If no, explain why not.

Are you involved in a church youth group?

Do you desire or want to attend Dayspring? *circle* yes no Explain why or why not.

Describe your personal time of Bible reading and prayer.

Please describe the type of music you enjoy the most.

Please describe your feelings about the use of drugs, tobacco, and alcohol.

Please list the names of any students you know who currently attend Dayspring.

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

**Please return this form to Dayspring Christian Academy-Attn: Kelley Launer/Registrar  
3734 W. 20<sup>th</sup> Street, Greeley, CO 80634-3429  
(970) 584-2580-Registrar Direct (970) 330-1151-School's Main Line or fax to: (970) 330-0565  
Or email to: [klauner@dayspringeagles.org](mailto:klauner@dayspringeagles.org)**