



## ACCEPTANCE AGREEMENT

As the parent/legal guardian of \_\_\_\_\_  
Please PRINT child's name

I accept his/her admission to Douglas Anderson School of the Arts for the 2011-2012 school year and agree to complete the enrollment process. I understand that by accepting admission to DA my child relinquishes his/her place in any other Duval County magnet program.

**PRINT** Parent/Guardian Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Date

**Please return this document to Douglas Anderson promptly.  
Your admission process will not be complete until this is received.**

**Fax to:** 346-5636

**Or**

**Mail to:**  
Admissions  
Douglas Anderson School of the Arts  
2445 San Diego Road  
Jacksonville, FL 32207