

STUDENT'S NAME	LAST	FIRST	MIDDLE	NAME YOU GO BY
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A NON-REFUNDABLE \$10 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION - 1st TIME APPLICANTS ONLY



Application for Admission Memphis Junior Academy

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ENROLLING FOR SCHOOL YEAR	EXPECTED GRADE
SOCIAL SECURITY #	GENDER

I. APPLICANT AND FAMILY INFORMATION - All information below must be completed.

RELATIONSHIP TO STUDENT	STUDENT	FATHER	MOTHER	OTHER Relationship: _____
NAME				
SPOUSE'S NAME				
HOME ADDRESS		<small>If different from student</small>	<small>If different from student</small>	<small>If different from student</small>
CITY, STATE, ZIP				
HOME PHONE		<small>If different from student</small>	<small>If different from student</small>	<small>If different from student</small>
CELL PHONE				
EMAIL				
EMPLOYER				
WORK PHONE				
WORK ADDRESS				
WORK CITY, STATE, ZIP				
OCCUPATION				
EDUCATION LEVEL				
ETHNICITY	<input type="checkbox"/> African American/African Descent <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Two or more races <input type="checkbox"/> Other <input type="checkbox"/> Decline to answer			
BIRTH DATE	/ /	Current Age _____		
BIRTH PLACE				
COUNTRY OF CITIZENSHIP	<input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____
IF STUDENT IS NOT LIVING IN COUNTRY OF CITIZENSHIP, WHAT IS STUDENT'S LEGAL STATUS? <input type="checkbox"/> PERM. RES. <input type="checkbox"/> VISA (TYPE: _____)				
RELIGIOUS DENOMINATION	<input type="checkbox"/> SDA <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> SDA <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> SDA <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> SDA <input type="checkbox"/> OTHER: _____
CHURCH WHERE YOU HOLD MEMBERSHIP				
BAPTISM DATE (MM/YY)		APPLICANT'S SIBLINGS: # of Brothers _____ # of Sisters _____		
APPLICANT LIVES WITH		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Split Custody	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Split Custody	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Split Custody
SEND BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
RESPONSIBLE FOR BILL		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARENTS: <input type="checkbox"/> Married & together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced and neither parent remarried <input type="checkbox"/> Divorced and at least one parent remarried <input type="checkbox"/> Other _____				

II. PHOTO & INFORMATION RELEASE

I hereby give permission for Memphis Junior Academy to (please INITIAL if allowed)

(Initials) _____ Use pictures of this student in the school yearbook, newsletters, advertisements, adopt-a-student, etc.

(Initials) _____ Use pictures of this student (names will not be attached) on the school's website & facebook page.

(Initials) _____ Include student's information in a school directory to be distributed to parents, staff, and board members. To make this booklet useful to parents, in addition to the student name and grade, the following information will also be included:
 Student's birthday (not year), cell phone, & email; Parent names, address, home & cell phone, email. Items may also be included in the school yearbook. If you would like any of these items excluded, please mark through them

III. MEDICAL INFORMATION

EMERGENCY DOCTOR: _____ Phone _____ Date of last physical exam _____

Factors which may interfere with child's learning: Hearing Sight Malnutrition Heart Nervousness Easily fatigued Emotional Problems or worries Language other than English used in home

ALLERGIES: YES NO **FOOD ALLERGIES:** _____ (mild or strong reaction?) **OTHER ALLERGIES:** _____ (mild or strong reaction?)

EMERGENCY CONTACTS:	Name	Phone Number	Relationship
Other than parents, please list three (3) contacts in case of emergency	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

IV. AGREEMENT

Made this _____ day of _____, 20____, by and between Memphis Junior Academy, student and parent/guardian.

In the event Memphis Junior Academy agrees to accept this student, we understand it will be under the following conditions: Student and parent/guardian acknowledge the receipt of the school handbook and affirm that they take responsibility to read and support all terms and conditions of said handbook. Student and parent/guardian certify that all statements on this form and information included herein are correct and complete. I, the undersigned parent/guardian, accept financial responsibility for this student and do understand that the student will not be permitted to take first or second semester exams, and will not be able to participate in graduation exercises until the student account is current or satisfactory financial arrangements have been made.

_____ Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

V. NEW STUDENT INFORMATION - CURRENT students may SKIP THIS SECTION

ONLY NEW STUDENT	SCHOOL HISTORY: List below last three schools attended - list most recent one first					ONLY NEW STUDENT
	Grade(s)	School	Address (Street/ City/ State/ Zip)	Phone	Yrs Attended	
	DISCIPLINE HISTORY: Have you ever been... <input type="checkbox"/> Asked to withdraw <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled ...from any school you have attended? (Explain any checked answer) _____					
	FINANCIAL DISCLOSURE: Does the applicant have a bill at any previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" name of school _____ Amt. owed \$ _____ I acknowledge that I am the responsible party for said account and do hereby agree to make financial arrangements with said school, and have them contact Memphis Junior Academy in order for proper records and transcripts to be released. Signature _____ Date _____					
	REFERENCES: (Grades 5-12 only) Please choose references from persons who know you well, i.e. principal, teacher, pastor. An application cannot be considered until all references are received in the school office. References from relatives will not be accepted. Recommendation forms are available from the office, website, and with registration packets. Applying student is responsible for providing reference persons with references.					
	Name	Address (Street/ City/ State/ Zip)	Phone	Relationship		