

| | | | |
|--|------|--------|---------------------------|
| STUDENT'S NAME | LAST | MIDDLE | NAME YOU GO BY |
| A NON-REFUNDABLE \$10 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION - 1st TIME APPLICANTS ONLY | | | ENROLLING FOR SCHOOL YEAR |
| | | | EXPECTED GRADE |
| | | | SOCIAL SECURITY# |
| | | | GENDER |



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Note: Before completing the application form, please read the handbook information carefully. Your signature on this application indicates that you have received and take responsibility to read and support all terms and conditions of the s

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> |
| CITY, STATE, ZIP | | | | |
| HOME PHONE | | | <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"/> Native American/First Nation <input type="checkbox"/> Native Hawaiian/Pacific Islander <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: _____ |
| 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: _____ |
| CHURCH WHERE YOU HOLD MEMBERSHIP | | | | |
| BAPTISM DATE (MM/YY) | | | | |
| 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 |
| SEND BILL | | | <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 |
| 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 | | | | |

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Continued on Reverse Side

Continued on Reverse Side

Memphis Junior Academy

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Application for Admission

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: <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Malnutrition <input type="checkbox"/> Heart <input type="checkbox"/> Nervousness <input type="checkbox"/> Easily fatigued <input type="checkbox"/> Emotional Problems or worries <input type="checkbox"/> Language other than English used in home | | |
| ALLERGIES: YES NO | FOOD ALLERGIES: <small>(mild or strong reaction?)</small> | OTHER ALLERGIES: <small>(mild or strong reaction?)</small> |
| EMERGENCY CONTACTS: Other than parents, please list three (3) contacts in case of emergency | Phone Number | Relationship |
| | | |
| | | |

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 Parent/Guardian Signature Date

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

| | | | | | | |
|--|--|--------|------------------------------------|-------|--------------|--|
| O N L Y N E W S T U D E N T | SCHOOL HISTORY: List below last three schools attended - list most recent one first | | | | | O N L Y N E W S T U D E N T |
| | 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? <small>(Explain any checked answer)</small> | | | | | |
| | 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 \$ _____ <small>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.</small> | | | | | |
| | 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. 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 person. | | | | | |
| | Name | | Phone | | Relationship | |
| | | | | | | |