

Mobile Junior Academy

"Quality Christian Education Since 1920"

1900 Cody Road South ♦ Mobile, AL 36695
251-633-8638 ♦ www.mobilejunioracademy.com

New Student Application for Enrollment

Date Submitted: ___/___/___

School Year: 20___ - 20___ Current Grade: _____ Grade Entering: _____

APPLICANT DATA

Legal Name _____
Last Full First Full Middle Prefers to be called

Date of Birth ___/___/___ Age: _____ Ethnicity _____ Sex _____

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone ___(____)_____ Social Security # _____

SDA: Yes No Baptized: Yes No Church Membership _____

ACADEMIC AND HEALTH HISTORY

Current School _____

Previous School(s) _____

Has Student ever been suspended, expelled or asked to withdraw from school, arrested or on probation? Yes No

If yes, explain _____

Reason for leaving last school _____

Has your child ever been home schooled? Yes No If yes, grade level(s) _____

Has the student been placed in special education previously? Yes No

If yes, which services? Comprehensive Education (small group remediation) Hearing Disabilities
 ESL (English as a Second Language) Speech Therapy
 Gifted Other _____

Has the child been diagnosed with any health or learning issues? Yes No

If yes, please explain and provide the school with a copy of scores and recommendations from the evaluator(s). _____

Has Student ever repeated a grade? Yes No If yes, what grade and explain: _____

Has Student ever skipped a grade? Yes No If yes, what grade and explain: _____

Name and explain any health conditions(s), Past or Present, which need to be brought to the school's attention or which would restrict physical activity: _____

FAMILY DATA

Parent/Guardian Name _____ Home Phone _____

Address (If different from above) _____

Job Title _____ Work Phone _____

Cell Phone _____ Email _____

Parent/Guardian Name _____ Home Phone _____

Address (If different from above) _____

Job Title _____ Work Phone _____

Cell Phone _____ Email _____

Why do you want your child to attend Mobile Junior Academy? Please Comment. _____

Legal custody restraint documents: Yes No If yes, please make available all legal documents for school office records.

Custody: Father Mother Both Other _____

Do you currently have an account balance at another school? Yes No

If yes, which school? _____

EMERGENCY CONTACTS

Contact Name _____ Relationship _____ Cell _____ Work _____ Home _____

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I hereby certify that the information contained in the application is true and correct to the best of my knowledge. I agree to have any of the statements verified, and authorize the references listed to provide the school any and all information concerning the applicant. I understand that any misrepresentation, falsification, or material omission of information concerning this student may result in dismissal of the student from school.

Since non-public schools are not mandated or equipped to provide Special Education, this school retains the right to determine if it is able to meet the individual needs of the applicant. I understand if it is determined that the student can not be served adequately by this school, recommendations for alternative educational placement will be made, and/or the student may be asked to withdraw at any time.

I give permission and consent for you to receive copies of all school records including special education records.

Date

Parent/Guardian Signature

I have read the requirements and regulations of Mobile Junior Academy as stated in the Handbook. I will cooperate with the teachers and the policies of Mobile Junior Academy. I pledge my full cooperation and I agree to assume full financial responsibility.

Date

Parent/Guardian Signature

Please note that the school board of Mobile Junior Academy will review all admission applications. Upon acceptance the student must have his/her current health and immunization records forwarded to the school office. This is a state requirement. Also, please have your present school send up your transcript of grades.