

APPLICATION FOR ADMISSION

Junior Academies
Pre-K Through Grade 12



JUNIOR ACADEMIES

NON-REFUNDABLE
APPLICATION FEE: \$ 60.00

TESTING FEE: \$ 25.00

3588 Highway 138, # 260
Stockbridge, Georgia 30281
(888) 817-5703

For office use only

Date Rec'd _____
Int. Date _____
App. Fee _____
Testing Fee _____
Check #'s _____
Status _____

Application For Admission

20 __ -20 __

Please print or type and return the application with the non-refundable application fee of \$60.00. Please complete all information.

Applicant's (Legal) Name _____
Last *First* *Middle*

Applying for Admission to Grade _____ For the fall of 20 _____

Social Security Number _____ - _____ - _____ Gender _____

Date of Birth _____ Birth Place _____ Age _____

Applicant's Home Address _____

City

State

Zip code

Home phone _____

Religious Preference _____

Ethnicity _____

Current School _____

School Address _____

City

State

Zip

School Phone _____

Siblings:

Name _____ Name _____

age

age

Name _____ Name _____

age

age

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Parents/Guardians

Father/Guardian

Name in full _____
Dr./Mr.

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Occupation _____

Employer _____

Title _____

Relationship to applicant _____

Mother/Guardian

Name in full _____
Dr./Mrs./Ms.

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Occupation _____

Employer _____

Title _____

Relationship to applicant _____

Applicant lives with: —Mother —Father —Both Parents — _____
Other

Father: _____ Living _____ Deceased **Mother** _____ Living _____ Deceased

Parents: _____ Married _____ Separated _____ Divorced _____ Never Married

Who will assume financial responsibility of the applicant? _____

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List all previous schools and dates of attendance:

School	Dates	Grades

Has the applicant ever attended a school or program designed for students who have academic or other needs (such as programs for the gifted, special learning, etc.)? If so, please describe.

Has your son/daughter ever been referred for or received professional, psychological, or personal counseling? Yes No

Has the applicant ever been suspended, expelled, or withdrawn from any school for any reason? If yes, please attach full details, including name of school, year, and contact person for further details.

Please indicate any ongoing medical conditions and describe their usual treatment. This may include special diets, prescriptions, or limitations on normal activities.

Is the applicant taking any medication on a regular basis? Yes No If yes, please specify medicine and dosage.

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Tell us About Your Child.

How is your child's attitude toward school and learning? _____

How does he/she get along with peers? _____

What are your child's special talents and interests? _____

What would you like us to know about your child? _____

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Student Media Release Form

I hereby consent to my child's name, likeness, picture or voice to be used by the school, Junior Academies or news media. I am aware that my child may be asked a variety of questions (under the supervision of an adult) and the contents of the interview may be published or aired for public view. I understand that my child will be under the supervision of a school staff member during the interview and/or photo session. Should there be questions that make my child feel uncomfortable or discussions that could cause embarrassment for my child, he or she reserves the right to refuse to answer the question or participate in the discussions. Additionally, my child and/or the supervising school agent reserves the right to terminate the interview, photo or video session at any time when said activities cause embarrassment or make any party uncomfortable. I hereby hold harmless and waive all claims against Junior Academies with respect to liability for the use of my child's name, likeness, picture, and/ or voice, and against any claim arising out of my child's act or statements during the interview, photography sessions or program. Further, I release Junior Academies, its agents and employees from any claim which I may have or which I might assert in the future, arising out of JAI's publication, and its use of the information given, and any photographs taken.

Parent Signature _____ Date _____

Child's Signature _____ Date _____

Principal's Signature _____ Date _____

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RECORD REQUEST/RELEASE FORM

Date

I, _____, do hereby authorize
Parent's Name

_____, located at _____
Former School's Name

to release any and all records pertaining to my child, _____
Child's Name

to Junior Academies.

All requested information should be sent to:

Junior Academies
3588 Highway 138, # 260
Stockbridge, GA 30281

We appreciate your prompt cooperation.

Parent Signature _____ Date _____