

**Jarvisburg Christian Academy  
Application for Enrollment 2020-2021**

*Jarvisburg Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or athletic and other school administered programs.*

**Student Information**

Student's Name \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: Male or Female (Circle One)  
*\*Please provide a copy of student's birth certificate, social security card, and immunization records if student is entering Kindergarten/1<sup>st</sup> grade for the first time.*

Grade to Enter \_\_\_\_\_  
*\*Please complete a Request for Student Records form if student is transferring from another school.*

Address \_\_\_\_\_  
Street City State Zip Code

**Father/Male Guardian Information**

Father/Male Guardian Name: \_\_\_\_\_  
Last First Middle

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ (Check one)  
*\*Please provide a copy of the custody agreement when appropriate.*

Address if different from student:  
\_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_  
Home Cell Work

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_  
*\*If self-employed, please provide type and name of business.*

Employer Address \_\_\_\_\_

## Mother/Female Guardian Information

Mother/Female Guardian Name: \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ (Check one)  
Last First Middle

*\*Please provide a copy of the custody agreement when appropriate.*

Address if different from student:

\_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_  
Home Cell Work

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

*\*If self-employed, please provide type and name of business.*

Employer Address \_\_\_\_\_

## Emergency Contact Information (other than Parent/Guardian)

Emergency Contact #1:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell Work

Emergency Contact #2:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell Work

## Additional Persons Authorized for Transporting Student to and from School

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone