

JESUS FAMILY ACADEMY
951, West Side Avenue, Jersey City, NJ - 07306
Phone: (201) 432-9156 E-mail: info@jesusfamilyacademy.com

REGISTRATION FORM

Applying for Grade _____ School Year _____ Application Date _____

Method of Payment: Full Payment 10 Month Payments

STUDENT INFORMATION

Name _____,
(Last) (First) (Middle)

Address _____

City/State _____ Zip code _____

Telephone _____ Mobile _____

Email _____

Birth Date _____ (MM/DD/YY)

Last School attended: _____ Last Grade completed: _____

School Address: _____

City/State _____ Zip code _____

(Transcript and letter of recommendation from the teacher from the previous school is required)

FAMILY INFORMATION

Father/Guardian _____

Address _____

Employer _____ Position _____ Mobile _____

Email _____

Mother/Guardian _____

Address _____

Employer _____ Position _____ Mobile _____

Email _____

Emergency Telephone Number other than those already listed _____

Marital Status: Married Divorced Remarried Separated Widow/Widower Single

If divorced, who has legal custody? Father Mother Joint

Other _____

Copy of legal custody document is required if applicable.

RELIGIOUS INFORMATION

Church Attending _____ Pastor _____

Address _____ Phone _____

PLEASE CHECK THE APPROPRIATE ANSWER

Father, Christian Yes No

Mother, Christian Yes No

(Letter of recommendation from Pastor is required)

SCHOLASTIC INFORMATION

Has this student ever been suspended, dismissed or refused admission to another school? Yes No

If yes, explain: _____

Please indicate if any of the following apply to the previous school/at home/other instances:

Behavioral and/or disciplinary problems Placed on probation

If yes, explain: _____

Has the student ever skipped a grade? _____ Repeated a grade? _____

Explain: _____

MEDICAL INFORMATION

Student's Physician _____ Phone _____

Does child have any physical disabilities or allergies? Yes No

Explain _____

Are there any diagnosed learning disabilities such as dyslexia, ADD, ADHD, etc., that require special treatment and/or programs? Yes No

Explain _____

Is child on medication? Yes No

If yes, please list medications and explain usage:

CERTIFICATION OF INFORMATION

We hereby certify that the above answers are true and are made with no reservations beyond those in the attached explanations.

Date: _____

Father/Guardian

Signature:

Date: _____

Mother/Guardian Signature: _____

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

For the purpose of this release, personally identifiable information shall be limited to the student's name, photograph, video, yearbook, school website, or newsletter of student.

I, the undersigned, DO DO NOT give permission to Jesus Family Academy school staff to release personally identifiable information from the above-named student for the sole purpose of use in the class photograph, school or local newspaper or other media, school programs, personal or class recognition, involvement in school activities, as well as approved fund raising and support requests from parent organizations.

Signature of Parent/Guardian

Date

INFORMATION AND EMERGENCY HEALTH CARD

Student Name (Last, First, Middle Initial) _____
Preferred Name _____ Grade _____ M/F Birth Date _____
Student Address _____ Phone _____
Parent's E-mail Address _____
Father/Guardian _____ Home Phone _____
Address _____ Cell Phone _____
Employer _____ Position _____ Business Phone _____
Mother/Guardian _____ Home Phone _____
Address _____ Cell Phone _____
Employer _____ Position _____ Business Phone _____

Marital Status: Married Divorced Remarried Separated Widow/Widower Single

If divorced, who has legal custody? Father Mother Joint

Give **3 LOCAL PEOPLE** whom we could call in case of emergency when you or the caregiver cannot be reached.

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Caregiver _____ Phone _____

Family Physician _____ Phone _____

Hospital Preferred _____

Permission to use: Tylenol () Advil () Neosporin ()

Allergies, Medications, or Other concerns _____

Insurance Company _____ Policy Number _____

Insured's Name _____ In Case of Emergency Contact _____

PARENT PERMISSION AND MEDICAL RELEASE

I hereby give permission to Jesus Family Academy staff to obtain any necessary medical treatment or hospital care for the above-mentioned child in the event of an emergency. I understand that all reasonable safety precautions will be taken at all times by the Jesus Family Academy staff. I also understand that if medical attention is needed, every reasonable attempt will be made to notify me and/or the emergency person.

Signature of Parent or Guardian _____

PICK UP LIST

In an ongoing effort to safeguard your child, we are implementing a pick-up list. Only people who are on this list will be allowed to take your child off the school premises. If you want someone not on this list to pick up your child, the child or driver must have a written note with your signature, or they will not be released to them.

Students Name _____ Home Phone _____

NAME	PHONE	RELATIONSHIP	TO STUDENT
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Parent Signature _____

Date _____