

Jefferson CHRISTIAN Academy

Student Enrollment Application

Full-Time Part-Time/Home School

219 Big Stony Creek Road
Ripplemead, Virginia 24150
540-626-5222

Office Use Only

Date Received	___/___/20___
Database Entry	___/___/20___
Test Date Set	___/___/20___
Interview Date	___/___/20___
All Fees Received	___/___/20___
Tests Satisfactory	___/___/20___
Records Received	___/___/20___
Admissions Committee	___/___/20___
Letter Sent	___/___/20___

Family Last Name Today's Date: ___/___/20___

Student's First and Middle Names _____

Student's Last Name (if different from family) _____

Name (nickname) used _____

Applying for grade (circle 1):

K5 1 2 3 4 5 6 7 8 9 10 11 12

Starting Date _____

Date of Birth ___/___/20___ Place and of birth _____

Please state clearly why you wish this child to attend JCA _____

Please list any allergies or other medical problems about which we should be aware _____

If parents/guardians cannot be reached in the event of an emergency, the school is authorized to obtain medical aid Yes No

Family Physician _____ Phone _____

Preferred Hospital _____

Names of relatives or other responsible adults to be contacted if you cannot be reached

Name _____ Phone _____ Relationship to Student _____

Name _____ Phone _____ Relationship to Student _____

Relationship of Child to Adults Listed on the Family Enrollment Application

Relationship of Male listed: Father Step-Father Guardian Other

Relationship of Female listed: Mother Step-Mother Guardian Other

List ALL schools the student has attended (include pre-schools and/or home schooling). Give dates and grades.

Has ANY grade been repeated? No Yes – If Yes, explain which one and reason why _____

Has student had ANY discipline problems, been suspended or expelled from any school?

No Yes – If Yes, please explain _____

Does student have any physical, emotional or mental problems (including diagnoses of any attention-deficit condition) which could affect activities or scholastic achievement?

No Yes – If Yes, please explain _____

Has student ever taken any type of psychiatric, psychological, or educational testing other than the regularly administered school achievement tests?

No Yes – If Yes, please explain _____

Has student ever received any type of tutoring or educational therapy?

No Yes – If Yes, please explain _____

Please give any other information which you feel would be helpful in determining the admission of this student:
