

2011–2012

Returning Application for Admission

Submitting an application to Jefferson Christian Academy does not ensure that you will be accepted for admissions. Your completed application will be evaluated by the Admissions Committee on content and neatness. Incomplete applications will not be approved. **Please print all information in ink.**

Section 1 – Student Information

Last Name	First Name	Middle Name	Male	Female
-----------	------------	-------------	------	--------

Address	City	State	ZIP
---------	------	-------	-----

Home Phone	Cell Phone	Email
------------	------------	-------

Social Security #	Date of birth (MM/DD/YYYY)	Citizenship
-------------------	----------------------------	-------------

Home Church Name	Church Conference	Pastor's Name	Pastor's Phone #
------------------	-------------------	---------------	------------------

Entering grade: 9th 10th 11th 12th Residence: Boys' Dormitory Girls' Dormitory Village

Are either one of your parents an employee of the SDA Conference? Yes No Have you been baptised? Yes No

List any previous schools you have attended, starting with 8th grade:

School Name	Address
-------------	---------

School Name	Address
-------------	---------

School Name	Address
-------------	---------

Student Commitment:

If accepted, I hereby agree to abide by the policies and standards of Jefferson Christian Academy. I agree to take responsibility for my school fees and to do my best at the job(s) assigned to me. I will cooperate in upholding the standards of Jefferson Christian Academy as stated in the school handbook or as instructed verbally by faculty and staff.

Student Signature

Date

Continued >

Section 3 – Guardianship Information

Student Name

Student lives with (check all that apply): Mother Father Stepmother Stepfather Other

Identify other, if applicable:

Last Name First Name Relationship to student

Check all that apply: Mother is deceased Father is deceased Parents are separated Parents are divorced

Guardian 1:

Last Name First Name Middle Name Relation to student

Address City State ZIP

Home Phone Cell Phone Email

Work Phone Occupation Employer

Guardian 2:

Last Name First Name Middle Name Relation to student

Address City State ZIP

Home Phone Cell Phone Email

Work Phone Occupation Employer

Does the family have an unpaid school bill at another school? Yes No If yes, how much? Please explain:

Parent Commitment:

I agree to the regulations and policies of Jefferson Christian Academy as stated in the school handbook. I give permission for my student to participate in any extra-curricular activities unless specified and submitted in writing to the administration. I give permission for my student to be photographed and/or videotaped throughout the school year for instructional, promotional, or entertainment purposes, including but not limited to the school website and yearbook. I have carefully considered the financial information in the current JCA handbook and agree to assume joint financial responsibility for this applicant. I understand that if the student's account is not kept current, the student may not be allowed to continue his/her studies. I understand that the student's account with JCA shall be paid in full before a diploma or transcript can be issued. My signature indicates my support of the school's guidelines and programs.

Guardian 1 Signature

Date

Guardian 2 Signature

Date