***Elim Junior Academy* - *New Student Application***

We welcome your interest in Elim Junior Academy (EJA). The first step to starting the admission process is to complete this application. A separate application must be submitted for each child for which enrollment to EJA is being sought. Each new application fee is **$45.00**. Please write in print. Each family is required to do at least five volunteer hours annually. Completed applications should be submitted to: **Elim Junior Academy, 4824 2nd Avenue, South, St. Petersburg, Florida, 33711** and/or **Elimjracademy@gmail.com**. We can also be reached at **786-246-8087 (P).**

**Grade Applying For: *K* \_\_\_\_ *1\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_\_***

**Student’s Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last Any Nickname

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:** \_\_\_\_\_**Sex:** Male\_\_\_Female\_\_\_ **Place of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year City State

**Student’s Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Current/Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**\_\_\_\_\_\_\_\_**

**Last Grade Completed \_\_\_\_\_\_\_\_\_\_ Math Score\_\_\_\_\_\_\_\_\_\_\_\_Lang Arts/Reading Score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Child Attends:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Denomination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baptism & Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_

**Other Emergency Contact Information:** **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-up Alternative:**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P**hone: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| ***PARENT’S INFORMATION*** | ***MOTHER*** | ***FATHER*** | ***GUARDIAN*** |
| **Legal Name** |  |  |  |
| **Relationship to Child** | Natural \_\_\_Step\_\_\_ Foster\_\_\_ | Natural \_\_\_Step\_\_\_ Foster\_\_\_ | Specify: |
| **Home Phone** |  |  |  |
| **Cell Phone** |  |  |  |
| **Occupation** |  |  |  |
| **Volunteer Hours-Day&Time** |  |  |  |
| **Home Address** |  |  |  |
| **Email Address** |  |  |  |
| **Date of Birth** |  |  |  |
| **Place of Birth** |  |  |  |
| **U.S. Citizen** |  |  |  |
| **SDA Member/Other** |  |  |  |
| **Marital Status** |  |  |  |

***PLEASE LIST ALL OTHER CHILDREN IN THE FAMILY ATTENDING EJA***

|  |  |  |  |
| --- | --- | --- | --- |
| ***NAME*** | ***LIVES AT HOME? YES OR NO*** | ***SEX: M or F*** | ***DATE OF BIRTH*** |
|  |  |  |  |
|   |  |  |  |
|  |  |  |  |

***Please check below any factors that may impact the child’s learning:***

\_\_\_Hearing \_\_\_Sight \_\_\_Speech \_\_\_Heart \_\_\_Nerves \_\_\_Fatigue \_\_\_Nutrition

\_\_\_Emotional State \_\_\_Language other than English used in home \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How can EJA best serve your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s/Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For School Use Only:** Approved: *Yes\_\_ No* \_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_