



13328 Dunn Creek Rd
Jacksonville, FL 32218
904-714-0040
904-619-3356 (FAX)

STUDENT APPLICATION FOR: _____

TERM: _____ DATE: _____

STUDENT INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ MOBILE: _____

AGE: _____ SEX: _____ BIRTH DATE: _____ CURRENT GRADE: _____

SCHOOL LAST ATTENDED: _____

ADDRESS: _____

PHONE: _____ LAST GRADE COMPLETED: _____

FAMILY INFORMATION

MOTHER'S/GUARDIAN NAME: _____

EMPLOYMENT: _____

POSITION : _____ PHONE: _____ MOBILE: _____

EMAIL: _____

FATHER'S/GUARDIAN NAME: _____

EMPLOYMENT: _____

POSITION : _____ PHONE: _____ MOBILE: _____

EMAIL: _____

MEDICAL INFORMATION

FAMILY PHYSICIAN: _____

PHONE: _____ FOOD ALLERGIES: ____ YES ____ NO

IF YES LIST: _____

MEDICATION ALLERGIES: ____ YES ____ NO IF YES LIST:

HAS STUDENT RECEIVED IMMUNIZATIONS:? ____ YES ____ NO

SCHOLASTIC INFORMATION

HAS STUDENT EVER BEEN EXPELLED, DISMISSED, SUSPENDED, OR BEEN REFUSED ADMISSION TO ANOTHER SCHOOL? _____

IF YES, EXPLAIN: _____

DOES STUDENT HAVE DISCIPLINARY DIFFICULTY SCHOOL? _____

DOES STUDENT HAVE A JUVENILE OR ARREST RECORD? _____

DOES STUDENT HAVE AN IEP? ____ YES ____ NO 504B? ____ YES ____ NO

IF YES TO ANY OF THE ABOVE QUESTION, PLEASE ATTACH COPY

HAS STUDENT EVER FAILED AN ACADEMIC SUBJECT IN SCHOOL? ____ YES ____ NO

IF YES, EXPLAIN: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____