

# Jackson Christian School

4200 Lowe Road Jackson, MI 49203 517-783-2658

## APPLICATION FOR ENROLLMENT for 20\_\_\_\_ / 20\_\_\_\_ SCHOOL YEAR

**PLEASE NOTE:** This application does not assume final enrollment, but provides information upon which admission may be granted. JCS admits students of any race, color, national or ethnic origin and maintains such nondiscriminatory policy with respect to education, tuition assistance, athletic and other school administered programs. The registration fee must be paid at the time of application and is not refundable unless the student is denied admission.

### **STUDENT INFORMATION**

STUDENT'S FULL NAME \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER: • MALE • FEMALE

HOME PHONE \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

With whom does the child reside? • Both Parents • Mother • Father • Other \_\_\_\_\_

Public school district of residence: \_\_\_\_\_

Names/Ages of Siblings: \_\_\_\_\_

Social or disciplinary difficulties in school? • Yes • No If so, please explain: \_\_\_\_\_

Has the student ever been suspended or removed from school? • Yes • No If yes, when and why? \_\_\_\_\_

Previous year's school \_\_\_\_\_ Phone Number \_\_\_\_\_

Have any grades been repeated? • YES • NO If yes, what grade? \_\_\_\_\_

Has the student ever had an IEP? • YES • NO If yes, what is the status of the IEP? \_\_\_\_\_

### **STUDENT, PLEASE COMPLETE THE FOLLOWING, GRADES (5-12):**

Please describe your relationship with Jesus Christ: \_\_\_\_\_

### **PARENT INFORMATION**

Parents are: • Single • Married • Separated • Divorced • Father Deceased • Mother Deceased

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Name of Spouse (if different from Father) \_\_\_\_\_ Name of Spouse (if different from Mother) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Please describe your relationship with Jesus Christ: \_\_\_\_\_ Please describe your relationship with Jesus Christ: \_\_\_\_\_

Is there a second or non-custodial parent who wishes to receive school info?  Yes  No Access to Parent's Web  Yes  No

Name and Address Email \_\_\_\_\_

**Parent information continued:**

Are you applying for the admission of all your school age children? • YES • NO If no, please explain: \_\_\_\_\_

Do you have past unpaid tuition/fees at JCS or any other school? • YES • NO

**STUDENT HEALTH AND EMERGENCY INFORMATION**

Food allergies? • YES • NO Medical allergies? • YES • NO Other allergies? • YES • NO

Daily Medications? • YES • NO Are there any known physical disabilities with this student? • YES • NO

If yes, to any of the health questions, list all daily medications, allergies, illnesses and disabilities below:

\_\_\_\_\_

Insurance Provider and Policy Number: \_\_\_\_\_

List two local friends or relatives you will permit to assume temporary care of your child if you cannot be reached.

Name, Address and Phone \_\_\_\_\_

Name, Address and Phone \_\_\_\_\_

In case of accident or serious illness, I request that the school contact me. If I cannot be reached, I hereby authorize the school to call the physician indicated below and follow his/her directions. If the physician cannot be contacted, the school may take whatever measures deemed necessary. It is understood that parents will assume responsibility for payment of any resulting expenses not covered by insurance.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**CHURCH INFORMATION**

Family attends what local church? \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Youth or Children's Pastor's Name \_\_\_\_\_

Does your family attend church on a regular basis? • YES • NO Church member? • YES • NO

**PAYMENT INFORMATION** Please indicate what payment method you will choose if accepted.

- **One Time Payment Plan.** Due August 5<sup>th</sup>. Checks payable to Jackson Christian School.
- **Two Payment Plan.** Half due August 5<sup>th</sup> and half due February 5<sup>th</sup>.
- **Monthly Payment Plan.** Payments will be made by electronic fund transfer (EFT) to FACTS Tuition Management Services. The admissions office will provide a FACTS enrollment form.

**CERTIFICATION OF INFORMATION**

By signing below I/we certify that all of the information provided is accurate and true. I/we understand that providing false or incomplete information may be cause for immediate dismissal of my child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY:

Date Rec. \_\_\_\_\_ Pmt. Rec. \_\_\_\_\_ Rec. By \_\_\_\_\_ Daycare Yes/No