



# APPLICATION FOR ADMISSION

## JEFFERSON CHRISTIAN ACADEMY

1500 Heritage Place Drive  
Birmingham, AL 35210  
(205)956-9111  
www.jcaweb.net

Please complete and return this application along with the appropriate application fee.  
Complete the Records Request Form, and send it to JCA or to the last school the applicant attended.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Year

### APPLICANT DATA

Grade for which applying \_\_\_\_\_ Date Admission is desired \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_

Last School Attended \_\_\_\_\_ Principal's Name \_\_\_\_\_

Grade Completed or Enrolled In \_\_\_\_\_ School Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Congregation \_\_\_\_\_

### FAMILY DATA

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Street City State Zip

Business or Profession \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
Street City State Zip

Business or Profession \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### ADDITIONAL FAMILY DATA

*(Please complete this section if there is a separation or divorce in the family, or if the student resides with a legal guardian.)*

Name of Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (If different from previous) \_\_\_\_\_  
Street City State Zip

If Separated or Divorced, With Which Parent Does Child Reside? \_\_\_\_\_

To Whom Should Notices of School Activities be Sent? \_\_\_\_\_

Business or Profession? \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

### Supplemental Information *(Parents or Guardians complete this section)*

As Parents ...

How did you first become interested in JCA? \_\_\_\_\_  
\_\_\_\_\_

Do you attend Sunday School and Worship Services regularly? \_\_\_\_\_

Has your child ...

Expressed a desire to attend JCA? \_\_\_\_\_

Enjoyed school in the past? \_\_\_\_\_

Ever had a physical or learning disability? \_\_\_\_\_

If yes, please explain on a separate sheet of paper and have the test results forwarded to JCA.

Received honors, taken special lessons, or been involved in special programs?

If yes, please list on a separate page.

Referred by \_\_\_\_\_

*Any misrepresentation may void this application and terminate enrollment.*