



## Application for Admission

### Lower Elementary (6-9 years) Upper Elementary (9-12 years)

#### Student

Full Name: \_\_\_\_\_  
Last First Middle

Sex: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip

Siblings: \_\_\_\_\_  
Name Age Grade School  
\_\_\_\_\_  
Name Age Grade School  
\_\_\_\_\_  
Name Age Grade School  
\_\_\_\_\_  
Name Age Grade School

Current Church Name and Denomination: \_\_\_\_\_

How did you hear about Jubilee Academy? \_\_\_\_\_

#### Parents

Father's Name: _____	Mother's Name: _____
Phone (C): _____ (W): _____	Phone (C): _____ (W): _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

#### **Student's Living Situation (check all that apply):**

<input type="checkbox"/> Lives with both parents	<input type="checkbox"/> Parents are separated	<input type="checkbox"/> Parents are divorced
<input type="checkbox"/> Lives with Mother	<input type="checkbox"/> Mother has custody	<input type="checkbox"/> Mother is deceased
<input type="checkbox"/> Lives with Father	<input type="checkbox"/> Father has custody	<input type="checkbox"/> Father is deceased
<input type="checkbox"/> Lives with Grandparent	<input type="checkbox"/> Grandparent has custody	<input type="checkbox"/> Other (Please explain):

**Please note that our policy is to look to the custodial adult for all decisions regarding the student.**

Other Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Dependents (not listed above) Residing in Student's Home:**

_____	_____	_____
Name	Age	Relationship to Student
_____	_____	_____
Name	Age	Relationship to Student
_____	_____	_____
Name	Age	Relationship to Student

**Emergency Contacts (Other than parent or doctor that may act as agent of parent: must have two)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other persons authorized to pick up student from school (only those listed will be authorized):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**If you want to arrange for another person to pick up your child, they must be added to this list in advance.**

**Medical**

Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Attach doctor's diagnosis for any allergy.**

Prescribed Medications: \_\_\_\_\_

Has your child been stung by a bee or wasp? \_\_\_Yes \_\_\_No If so, describe the reaction:

\_\_\_\_\_

Please describe any illnesses (physical or mental), disease, trauma or physical disability which has affected or may affect your child's general health, or participation in physical activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child has received or is receiving counseling or therapy due to a serious personal problem or event, please share this information so we can better understand and respond to your child's needs: \_\_\_\_\_

\_\_\_\_\_



**Student Questionnaire/School Experience**

Where does the student sleep at night? \_\_\_\_\_

Does the student have a regular bedtime? \_\_\_Yes \_\_\_No When is bedtime? \_\_\_\_\_

Describe the student's bed time routine: \_\_\_\_\_

How much access does the student have to electronic devices? \_\_\_\_\_

Is the student comfortable around animals? \_\_\_\_\_

From the student's perspective, WHO is the authority figure in their life? \_\_\_\_\_

What type of discipline does the student receive? \_\_\_\_\_

Please describe behaviors that the student receives discipline for:  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever skipped or repeated a grade? If so, please indicate the grade and the circumstances. \_\_\_\_\_

Has the student ever received special tutoring or educational services? If so, please indicate grade, subject, and circumstances. \_\_\_\_\_

Has the student ever been suspended, asked to withdraw or expelled from school? \_\_\_\_\_  
Describe any special circumstances which have affected the student's performance in school (such as illness, physical disability, learning difficulties, trauma, changes in home or schools, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share information about any discipline problems in school or criminal behavior.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the student's strengths, special areas of interest, and participation in athletics.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the student's relationship with God. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What previous school(s) has your child attended?

1. \_\_\_\_\_  
School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Teacher's Name \_\_\_\_\_

2. \_\_\_\_\_  
School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Parent/Guardian Questionnaire**

Why are you considering Jubilee Academy for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you feel about your child participating in physical activities each day at school?

\_\_\_\_\_

What is your understanding of Montessori education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think about your child participating in Bible lessons to learn the major themes of the Bible and the doctrines of the Christian faith? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe one or both parents' relationship with God. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Statement of Faith**

Jubilee Academy Statement of Faith:

- We believe the Bible to be the inspired and only infallible, authoritative Word of God.
- We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.
- We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His blood shed, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for salvation of lost and sinful men, regeneration by the Holy Spirit is essential.
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life.
- We believe in the resurrection of both the saved and the lost, the saved to the resurrection of life and the lost to the resurrection of condemnation.
- We believe in the spiritual unity of all believers in our Lord Jesus Christ.

## **Jubilee Academy Admission Policy Agreements**

- 1. The non-refundable \$25.00 application fee is enclosed.**
- 2. I understand that Jubilee Academy is an independent, Christian, Montessori School and that my child will be involved in Bible-based Christian teaching, a rigorous academic curriculum, social training, and recreational programs.**
- 3. I understand that full participation in the Parent Academy Program is required for admission.**
- 4. When my child is ill, I understand and agree that he or she may not be accepted for attendance at school and that the policies in the Parent Handbook apply.**
- 5. I accept full responsibility for my child's tuition, including Scholarship Program requirements as outlined in the Scholarship Application and Agreement.**
- 6. I accept the guidelines and policies of Jubilee Academy, as expressed in, but not limited to, The Student and Parent Handbook.**
- 7. I will keep Jubilee Academy updated on any changes in my address or phone number.**
- 8. I certify that all information contained in this application is true and complete to the best of my knowledge.**

***As a responsible parent, my signature acknowledges my acceptance and agreement of the Beliefs and Policies of Jubilee Academy. I understand that the official SC Notary stamp on this document legally binds me to this commitment and can be used in a court of law.***

Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

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SWORN TO AND SUBSCRIBED BEFORE ME

My Commission Expires: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_

Notary Public for South Carolina