



Application for Admission

Primary (3-6 years) *Must be using toilet independently

Student

Full Name: _____
Last First Middle

Sex: _____ Birth Date: ___/___/___ SSN: _____ Age: ___ (must be 3 yrs. By August 1)

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: _____ Bus. Address: _____
Business Phone: _____

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: _____

Child's Development and Child Care/School Experience

Please describe your child's birth experience:

Is your child reliably toilet-trained? ___ Yes ___ No For how long? _____

Does your child nap? ___ Yes ___ No How frequently and for how long? _____

Where does your child sleep at night? _____

Does your child have a regular bedtime? ___ Yes ___ No When is bedtime? _____

Describe your child's bed time routine: _____

How much access does your child have to electronic devices? _____

Is your child comfortable around animals? _____

Is your child beginning to show signs of independence? Describe: _____

From your child's perspective, WHO is the authority figure in their life? _____

What type of discipline does your child receive? _____

Please describe behaviors that your child receives discipline for:

What previous out-of-home care has your child experienced?

1. _____
Child Care Setting _____ Dates Attended _____ Phone _____

Address _____ Teacher/Caregiver Name _____

2. _____
Child Care Setting _____ Dates Attended _____ Phone _____

Address _____ Teacher/Caregiver Name _____

Please share about any behavior or discipline problems at home or the child care setting.

Parent/Guardian Questionnaire

Why are you considering Jubilee Academy for your child? _____

Does your child have any special needs or problems of which the school should be aware?

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: _____

SWORN TO AND SUBSCRIBED BEFORE ME My Commission Expires: _____

This ____ day of _____, 20____,

Notary Public for South Carolina