



APPLICATION FOR ADMISSION

Parent/Guardian Name: _____

Last

Father/Guardian

Mother/Guardian

Address: _____ E-mail address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Child/Children's Name(s)

Grade Entering

*If entering EC/PK please indicate: Half Day (7:50-Noon) _____ or Full Day (7:50-2:40) _____

Last School Attended

Address

Phone Number _____

Reason for Transfer: _____

*Has/Have the child/children listed above for consideration had educational or psychological evaluations?
_____ Yes _____ No (If yes, please complete the following and provide a copy of the evaluation with this application. All information is kept confidential.)*

Child's Name

Type of Evaluation

Along with this application please include your child's/children's most current report card and standardized testing.

OFFICE USE

Application Received: _____

Interview/Screening Date: _____ Time: _____

*Educating the Mind, Enriching the Heart, Inspiring the Soul
Experience the Difference at JPPIA!*