



1131 Arlington Rd. N

Jacksonville, Florida 32211

Phone:(904)683-3980 Fax:(904)683-7130

PRIVATE SCHOOL APPLICATION

Date: _____

Student's First Name: _____ M.I _____ Last Name: _____

Home Address: _____

Gender: _____ Age: _____ D.O.B: _____ Last 5 of SSN: _____

Food Allergies: _____

Please Circle one below:

Child Resides with: Mother Father Both Grandparent Other: _____

Parent/ Guardian Name: _____

Parent Email: _____

Home/Cell Number: _____ Work Number: _____

Person Responsible for Tuition Fees: _____

Parent/ Guardian Employer/ Occupation: _____

The above information is required for records. A copy of the applicant's birth certificate, SSN card, health exam and immunization are required within 2 weeks of acceptance.

We must have 2 additional emergency contacts for each student in the case of an emergency.

Contact #1 Name: _____

Home Address: _____

Home/Cell Number: _____ Work Number: _____

Relation to student: _____ Can this person pick up student? YES NO

Contact #2 Name: _____

Home Address: _____

Home/Cell Number: _____ Work Number: _____

Relation to student: _____ Can this person pick up student? YES NO

Annual Contract

I, understand this enrollment is for the _____/_____ school year. I am aware that I am responsible for signing the scholarship award checks within 7 business days of issue. Failure to do so will result in a \$30.00 late fee.

Parent/ Guardian Signature: _____

Date: _____