



Tappahannock Junior Academy of Seventh-day Adventists

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ADMISSION APPLICATION

A Christian Alternative

Tappahannock Junior Academy admits students without regard to sex, race, color, religion, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, religion, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, athletics or any other school-administered program.

Date: School year for which you are applying: Entering Grade:

I. Student Information:

Last Name: First Name: Middle Name:

Date of Birth: Sex: M / F Student Cell Phone Number

Students Primary Address:

City: State: Zip: Phone:

County: Religious Affiliation: Baptized: Y / N

Church: Pastor:

Please check all of the following statements that apply to your child:

- a. Student lives with natural parent(s) or legally adoptive parent(s).
b. Parents unmarried, separated, or *divorced. Student's primary residence is with: Mother / Father
c. Student lives apart from parents and resides with:

*Please provide a copy of any custody order or decree that has been issued with respect to the student.

II. Family Information:

Father/Guardian's Name:

Same address as student Address:

City: State: Zip: Home Phone:

Father's Employer: Cell Phone:

Email: Work Phone:

Mother/Guardian's Name:

Same address as student Address:

City: State: Zip: Home Phone:

Mother's Employer: Cell Phone:

Email: Work Phone:

III. Person Responsible for Registration and Tuition:

Name:

Address: City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Registration Payment Amt

IV. Academic History: (Please fill out section IV only if your child is a new student.)

Please list all of the schools your child has previously attended beginning with the most recent. Please include the full address of each school. If more space is needed please provide the information on a separate sheet of paper

School Name	School Address Street or PO Box, City, State, Zip	Phone Number	Dates: From/To	Grade Completed

Tappahannock Junior Academy is not staffed to teach children with significant physical impairments, learning disabilities or behavioral issues. Please answer the following questions to help us determine if our school is right for your child.

1. Has your child ever repeated a grade for any reason? Y / N
If yes, which grade and why? _____
2. Does your child have any visual loss, hearing difficulties, speech impediments, or physical impairments? Y / N
If yes, please explain: _____
3. Has your child ever been referred for testing of placed in a special program for any type of learning, behavioral or mental health issues? Y / N
If yes, please explain: _____
4. Has your child ever experienced disciplinary problems at previous schools? Y / N
If yes, please explain: _____

The following is for all student registration:

For this application to be complete, all students must also submit the following:

- A \$300 - \$400 non-refundable registration fee for grades Pre-K—8th grade.
- Copy of original birth certificate
- Copy of original social security card
- Copy of transcript and records from previous schools or signed transcript release.

V. Permission for Name and Picture Use:

Please check all that apply.

- _____ I give my permission for my child to use the internet at school for school related assignments.
- _____ I give my permission for my child's **picture** to be used in the **newspaper or other publications**.
- _____ I give my permission for my child's **name** to be used in the **newspaper or other publications**.
- _____ I give my permission for my child's **picture** to be used on the **TJA website (tjasda.org)**.
- _____ I give my permission for my child's **name** to be used on the **TJA website (tjasda.org)**.
- _____ I give my permission for my child's **picture** to be used on the **TJA Facebook website**.
- _____ I give my permission for my child's **name** to be used on the **TJA Facebook website**.
- _____ I give my permission for my child's **picture** to be used on **TJA teacher blog website**.
- _____ I give my permission for my child's **name** to be used on the **TJA teacher blog website**.
- _____ I give my permission for my child's **picture** to be used in **brochures and/or DVD for promotion of TJA**.
- _____ I give my permission for this phone number (_____) to be printed in the school directory.

Parent Signature: _____

VI. Members of Household:

Please list other members of your household (Brothers, Sisters, Grandparents etc.):

- Name: _____ D.O.B. _____ Relationship _____
- Name: _____ D.O.B. _____ Relationship _____
- Name: _____ D.O.B. _____ Relationship _____

VII. Permission for Student Pick Up:

In case of emergency or unforeseen circumstances, I give my permission to Tappahannock Junior Academy to release my child to the following person(s) listed below:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. Physician/Dentist Information:

- Family Doctor: _____ Office Phone: _____
- Family Dentist: _____ Office Phone: _____

(Continued on back)

IX. Emergency, Illness and Health Information:

Does your child have any medical condition we should be aware of? _____ Yes _____ No

If yes, please indicate: _____

- | | |
|-------------------|-----------------------------|
| _____ Asthma | _____ Fractures (list) |
| _____ Medication | Date _____ |
| _____ Inhaler | Date _____ |
| _____ Arthritis | _____ Surgeries (list) |
| _____ Deafness | Date _____ |
| _____ Diabetes | Date _____ |
| _____ Allergies | _____ Heart Problems (list) |
| _____ Bee Sting | Date _____ |
| _____ Milk | Date _____ |
| _____ Penicillin | |
| _____ Other _____ | |

X. Continuing Consent to Treatment and Accident Insurance Information:

We, the undersigned parents or guardian of _____ (*student's name*) a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____ (*name of physician*) or any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician's or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor's listed above before any other physician is called by the school.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Tappahannock Junior Academy or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This Consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

Date: _____

Father: _____

Mother: _____

Signature: _____

Signature: _____

Phone: _____ Cell: _____

Phone: _____ Cell: _____

Legal Guardian Signature: _____ Witness: _____

Hospital Preference: _____ Office Phone: _____

XI. EMERGENCY CONTACT PERSON(S):

Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____