

For office use only

- _____ Interview Date
- _____ Parent Meeting
- _____ Acceptance Letter
- _____ JHPA
- _____ JHPA (W)
- _____ Home Room

GRADE TO ENTER <hr style="width: 50%; margin: 0 auto;"/> 20_____ SY

Parent Check List

- _____ Birth Certificate (copy)
- _____ Social Security Card (copy)
- _____ Physical Exam Form (original)
- _____ Shot Record (original)
- _____ Proof Of Residence (copy)
- _____ Report Card (1st-5th Grade)
- _____ Parent ID

**JACQUELINE HARRIS PREPARATORY ACADEMY
APPLICATION FOR ENROLLMENT**

1408 East Blount Street * PENSACOLA, FL 32503 * 432-2273

Date of Application _____ Do you plan to use After School Care? _____

STUDENT INFORMATION:

SS# _____ Start Date _____ Home Tel. _____

First Name _____ Last Name _____ Mid _____

Goes By _____ Gender: M/F _____ Date of Birth _____ Age _____

Child # _____ out of _____ Children attending JHPA _____ Grades _____

PARENT INFORMATION

Father or Guardian

Relationship to Student _____ Lives with student (Y) (N) _____

First Name _____ Last Name _____ Mid _____

SS# _____ Work Tel _____ Cell/Pager _____

Occupation _____ Place of Employment _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Marital Status: Married _____ Divorced _____ Single _____

Mother or Guardian

Relationship to Student _____ Lives with Student (Y) (N) _____

First Name _____ Last _____ Mid _____

SS# _____ Work Tel _____ Cell/Pager _____

Occupation _____ Place of Employment _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Marital Status: Married _____ Divorced _____ Single _____

Name of Parent(s)/Guardian(s) with legal custody _____

Church Family Attends _____ Pastor _____

Explain why you want your child to attend JHPA _____

How did you become aware of JHPA? _____

School student last attended _____

School address _____ Phone _____

Grade last completed _____

Does your child have an IEP?

Has your student ever been retained?

Has your child had any disciplinary difficulties?

Has your child had any academic problems?

Has your child been evaluated (or in the process) for Special Education?

Has your child been evaluated for Attention Deficit Disorder?

Is your child currently taking any type of medication?

List any allergies _____

If you answered "yes" to any of the above questions, please explain _____

Any medications must be turned in to the office by a parent and must be accompanied by a Medical Authorization Form.

Student's Interests and Hobbies _____

Do you have any skills or hobbies that you would enjoy contributing to the school? _____

Please explain _____

Emergency information: In case of emergency, please contact the following, other than parent. I give my consent for the following person(s) to pick my child up from school:

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Physician _____ Phone# _____ Hospital _____

Insurance Carrier _____ Policy# _____

COMMITMENT:

I want to register my child to attend JHPA. I understand I must adhere to the policies set in place by JHPA and policies contained therein the Parent Commitment Form.

Father

Mother