JESUS ONLY ACADEMY

APPLICATION

Date\_\_\_\_\_\_ Students Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nick Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Grade \_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Age \_\_\_\_ DOB \_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_

School withdrawing from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # with Extension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Relationship to student \_\_\_\_\_\_\_\_\_\_\_

Address (If it is the same just write same as above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension \_\_\_\_\_\_\_\_\_.

FAMILY INFO:

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: Circle: Married – Divorced – Deceased

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Student live with Father? Y/N \_\_\_\_\_\_ Can Father pick up child from school? Y/N \_\_\_

Is there a Phone number for immediate contact in case of emergency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: Circle: Married – Divorced – Deceased

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Student live win Mother? Y/N \_\_\_\_\_\_ Can Mother pick up child from school? Y/N \_\_\_

Is there a Phone Number for immediate contact in case of emergency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY Number if we can’t reach you, their name and relationship to you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Child’s Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE READ AND SIGN: I agree that the principal or his/her designee may authorize the physician of his/her choice to provide emergency care in the event that neither I, nor the family physician, can be contacted immediately. Father’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Mother’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFO:

Most recent Hospitalization date \_\_\_\_\_\_\_\_ Hospital used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diseases or Illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Surgeries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Handicaps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Doctor Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescription Meds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instructions/ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Prescription Medication Consent: Jesus Only Academy maintains a first-aid kit on site. School officials will dispense band-aides, first-aid ointment, and sprays as needed for minor cuts and scrapes. Please indicate your consent for the dispensing of non-prescription medication such as Tylenol or non-aspirin pain reliever/fever reducer for headache and/or temperature of 100 degrees or more.

\_\_\_\_\_\_ Jesus Only Academy HAS permission to dispense non-prescription medications.

\_\_\_\_\_\_ Jesus Only Academy DOES NOT HAVE permission to dispense non-prescription meds.

Why does the student wish to attend Jesus Only Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has applicant ever been suspended or expelled from school? Y/N \_\_\_\_\_. Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the reason for leaving previous school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does student have any learning disabilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant take medication for a disorder? ADHD, ADD. Etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your child coming from an alternative school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a family member who is NOT authorized to pick up your child?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concerning discipline: Corporal Punishment:

Paddling \_\_\_\_\_\_ yes/no

\_\_\_\_\_\_ yes but call me first.

This application will assist in determining your child’s enrollment. Registration fee and school supplies must be submitted prior to entering our program. Please call or email for an appointment.

615-242-6216 Jesus Only Academy

[JOA.acts4.12@gmail.com](mailto:JOA.acts4.12@gmail.com)

Larry Baggett, Administrator

Betty Baggett, Principal

Judy Maxwell, Teacher

Ashley Haneline, Preschool Lead Person

Rebecca Hester, Preschool Teacher

Penny Haneline, Administrative Assistant

Mary Saindon, Math Tutor

Jesus Only Academy does accept DHS vouchers and if you qualify you can receive government assistance until your child is 12 years old.

We are also under the Title I program and your child receives additional Math and Reading assistance.

SCHOOL RECORD RELEASE

To Releasing School Counselor: Date Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_

Dear Counselor:

My child/children has (have) been withdrawn from your school. Please

release their academic and health records to the following school.

ACCEPTING SCHOOL

JESUS ONLY ACADEMY

324 GLENROSE AVE.

NASHVILLE, TN. 37210

Fax 615-726-85 Email: [JOA.acts4.12@gmail.com](mailto:JOA.acts4.12@gmail.com) Phone 615-242-6216

Students’ Name(s) Grade level at Withdrawal \_\_\_\_\_

Last Name First Age \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents signature or guardian Signature of Receiving Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor, please make a copy for the parent as proof of withdrawal date and sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_

Thank you! Larry Baggett, Administrator

JESUS ONLY ACADEMY

615-242-6216

Date \_\_\_\_\_\_\_\_\_\_\_

To whom It May Concern:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has registered at Jesus Only Academy. He/She is withdrawing from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of today. (DOB \_\_\_\_\_\_\_,

SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Please give him/her a copy of report cards or academic progress so we can place them in their perspective class of study. An official request for complete records will follow within a few days. If you have any questions or concerns feel free to contact us. [JOA.acts4.12@gmail.com](mailto:JOA.acts4.12@gmail.com)

Sincerely,

Betty Baggett

Principal