*\*****The Lion of Judah Academy Application Form Fee is a non- refundable $100 for a single application for the first child. If you apply but do not attend, the prior statement still applies. If you apply and attend, the application fees will cover the initial cost for the child's enrollment\****

***Application fees are priced as follows:***

| **$100** | **$50 each** | **$25 each** | **FREE** |
| --- | --- | --- | --- |
| **1 Child** | **2-3 Children** | **4-6 Children** | **6 Children PLUS** |

***For example, if you fill out and send in 5 application forms for 5 children, the total cost of application fees will total $250.***

*Please call our office if you have any questions*

Date Applying\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Applying\_\_\_\_\_\_

**Student Information**

| First Name | Middle  | Last  |
| --- | --- | --- |
|  |  |  |

Students Age

|  |
| --- |

DOB (dd/mm/yyyy)

|  |
| --- |

Gender

* Male
* Female

| Place of Birth | State | Country | Race |
| --- | --- | --- | --- |
|  |  |  |  |

Native/ Primary Language

* English
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Students Social Security Number | Health Insurance Provider |
| --- | --- |
| \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ | Name:Policy ID Number: |

Previous Academic Record

| Name of School | District | City | State | Year | Grade |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please mention, in brief, any history of current or previous illnesses whether physical or psychological

|  |
| --- |

Allergies

|  |
| --- |

Medications

|  |
| --- |

Identification Marks

| 1. |
| --- |
| 2. |

**Emergency Contact**

| Name | Relationship | Phone Number |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Academic Information** *\*Check all that applies\**

* My child has an active Individualized Education Plan(IEP) or 504 Plan
* My child has previously had classroom accommodations
* I have concerns about my child’s learning development

**Home Address**

Street Address

|  |
| --- |

City

|  |
| --- |

Country

|  |
| --- |

State

|  |
| --- |

Zip

|  |
| --- |

Home Phone

| ( ) - |
| --- |

**Parent/ Guardian 1**

First Name

|  |
| --- |

Last Name

|  |
| --- |

Gender

* Male
* Female

Relationship to Student

|  |
| --- |

Living Status *\*Mark with an x\**

\_\_Single \_\_Married \_\_Remarried \_\_Separated \_\_Divorced \_\_Widowed

Phone Number

| ( ) - |
| --- |

\_\_Home\_\_Mobile\_\_Work

Email Address

|  |
| --- |

**Home Address**

Street Address

|  |
| --- |

City

|  |
| --- |

Country

|  |
| --- |

State

|  |
| --- |

Zip

|  |
| --- |

Home Phone

| ( ) - |
| --- |

**Employment Information**

Job Title & Description

|  |
| --- |

Date Hired

|  |
| --- |

Name of Employer Phone Number

|  | ( ) - |
| --- | --- |

Street Address

|  |
| --- |

City

|  |
| --- |

Country

|  |
| --- |

State

|  |
| --- |

Zip

|  |
| --- |

Work Phone Number

| ( ) - |
| --- |

**Parent/ Guardian 2**

First Name

|  |
| --- |

Last Name

|  |
| --- |

Gender

* Male
* Female
* Living Status *\*Mark with an x\**
* \_\_Single \_\_Married \_\_Remarried \_\_Separated \_\_Divorced \_\_Widowed

Phone Number

| ( ) - |
| --- |

\_\_Home\_\_Mobile\_\_Work

Email Address

|  |
| --- |

Relationship to Student

|  |
| --- |

**Home Address**

Street Address

|  |
| --- |

City

|  |
| --- |

Country

|  |
| --- |

State

|  |
| --- |

Zip

|  |
| --- |

Home Phone

| ( ) - |
| --- |

**Employment Information**

Job Title

|  |
| --- |

Date Hired

|  |
| --- |

Name of Employer Phone Number

|  | ( ) - |
| --- | --- |

Street Address

|  |
| --- |

City

|  |
| --- |

Country

|  |
| --- |

State

|  |
| --- |

Zip

|  |
| --- |

Work Phone Number

| ( ) - |
| --- |

**Child Care**

*\*Before school drop off care begins at 7:45 AM. Pickup time for after school care is 6 PM*\*

*\*Please check all that applies\**

Are you in need of child care?

* Before school care
* After school care

\*Parent/ Guardian sign\*

Signature of Parent/ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials of Parent/ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/ Guardian sign\*

Signature of Parent/ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials of Parent/ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 By signing below, I acknowledge that all the information provided is true and verifiable to the best of my knowledge. I also authorize The Lion of Judah Academy to contact myself and my listed references and verify all information provided. Any falsification of information will render the application void and could subject me to disqualification or dismissal.

The Lion of Judah Academy is committed to providing a non-discriminatory school environment. The Lion of Judah Academy will not discriminate on the basis of age, race, color, disability or ethnic origin in the approval of students seeking to attend.

I also understand as well as agree with the terms and conditions that The Lion of Judah Academy Application Form fee is a $100 non- refundable payment. I also understand the pricing details listed at the top of the form that explain the cost of each additional application.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_