



# PUPIL APPLICATION FOR ADMISSION Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610  
Phone (813) 238-0433 ■ Fax (813) 231-0804

Date of Application \_\_\_\_\_

Grade Entering \_\_\_\_\_

**ATTACH  
CURRENT  
PHOTO**

New: 1st Semester, 20\_\_/\_\_\_\_  
2nd Semester, 20\_\_/\_\_\_\_

Renewal: School yr. 20\_\_/\_\_\_\_  
School yr. 20\_\_/\_\_\_\_  
School yr. 20\_\_/\_\_\_\_  
School yr. 20\_\_/\_\_\_\_

## STUDENT INFORMATION

## OFFICE USE ONLY

1. Full Legal Name \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

2. Permanent Address \_\_\_\_\_  
# AND STREET CITY ZIP CODE

(Address Change) \_\_\_\_\_

(Address Change) \_\_\_\_\_

(Address Change) \_\_\_\_\_

3. Telephone: ( ) \_\_\_\_\_ Home Age: \_\_\_\_\_ Sex:  M  F

( ) \_\_\_\_\_ Wk - Mother

( ) \_\_\_\_\_ Wk - Father

( ) \_\_\_\_\_ Emergency

4. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Citizenship: \_\_\_\_\_ If not USA, type of visa: \_\_\_\_\_

6. Baptized SDA:  YES  NO Date \_\_\_\_\_ Church attending \_\_\_\_\_

7. Applicant lives with:  Both Parents  Mother  Father  Guardian

8. Language spoken at home: \_\_\_\_\_ Student's Social Security # \_\_\_\_\_

9. Physical deficiencies:  Hearing  Sight  Speech  Other - If other, explain on Medical Information Sheet

10. List previous school attended: (List last one first)

| SCHOOL NAME | ADDRESS | GRADE(S) COMPLETED |
|-------------|---------|--------------------|
|             |         |                    |
|             |         |                    |
|             |         |                    |

11. Other children in family: List names in order of birth, oldest first.

| NAME | DATE OF BIRTH | M/F | AGE | GRADE | SCHOOL ATTENDING |
|------|---------------|-----|-----|-------|------------------|
|      |               |     |     |       |                  |
|      |               |     |     |       |                  |
|      |               |     |     |       |                  |

12. Student's destination after school:  Home  Work  Sitter  Relative  Other \_\_\_\_\_

Name of Person if other than Home: \_\_\_\_\_  
NAME RELATION

ADDRESS \_\_\_\_\_

CITY STATE ZIP ( ) Area Code Phone

13. Mode of Transportation:  School Bus  Public  Parent  Self  Other

Name \_\_\_\_\_  
Verification of birth: \_\_\_\_\_  
Health Information Received: \_\_\_\_\_  
Imm: \_\_\_\_\_ Consent: \_\_\_\_\_  
Phys: \_\_\_\_\_  
Financial Info: \_\_\_\_\_

Recommendations Received:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
Grade Enrolled: \_\_\_\_\_  
Room Assigned: \_\_\_\_\_  
Withdrawn: \_\_\_\_\_  
Trans. Rec'd: \_\_\_\_\_

## PARENT INFORMATION

14.

| INFORMATION                           | FATHER   | MOTHER   | LEGAL GUARDIAN |
|---------------------------------------|--|--|----------------|
|                                       | <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster | Relation _____ |
| Name                                  |  |  |                |
| Social Security Number                |  |  |                |
| Address                               |  |  |                |
|                                       |  |  |                |
| Phone                                 |  |  |                |
| Church Membership<br>(Name of Church) |  |  |                |
| Employer                              |  |  |                |
| Business Address                      |  |  |                |
| Business Phone                        |  |  |                |

15. How did you hear about this school? \_\_\_\_\_

16. Why do you want your child to attend this school? \_\_\_\_\_

17. Send Bills To:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Emergency Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

18. Send Grades To: (If different from parent/guardian above - #14)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## STUDENT CONTRACT

I have read and am in full harmony with the ideals and standards set forth in this Mount Calvary Junior Academy's most recent bulletin. I, with the help of God, will order my personal living and conduct in harmony with these principles, and my signature pledges my cooperation and loyalty if admitted as a student.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

## PARENT CONTRACT

I agree to the conditions herein stated and am in harmony with the regulations and policies as stated in this Mount Calvary Junior Academy's most recent bulletin. My financial obligations are clearly understood and I agree to pay my child's account each month, unless arranged otherwise in advance and I further agree to wait for a transcript of grades until my child's account is paid in full upon termination from school. To the best of my knowledge the questions have been answered honestly and the applicant will cooperate with the principles and spirit of this school.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE