

# Followers of Jesus School

## STUDENT APPLICATION FOR ADMISSION

Name (Last, First, Middle): \_\_\_\_\_ Male Female

Date of Birth (mm/dd/yy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Grade (if in school) or  
Grade most recently completed: \_\_\_\_\_

Have you ever repeated a grade? No | Yes (which one?)

Have you ever been in Special Ed? No | Yes (which grades?)

Have you ever been suspended? No | Yes (why?)

Have you ever been expelled? No | Yes (why?)

Do you attend church? No | Yes (where?)

Medical history (any special needs/  
medication): \_\_\_\_\_

If you are transferring from another  
school, what is your reason for  
leaving the school? (NOTE: An  
Information Release is required.)

Why do you want to attend FJS?

**Previous schools:**

Name:	Address:	City:	Zip:	Grades:	Years:

**Parent:** Please complete the pick-up authorization on the back of the "Parent Statement of Understanding."