

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: