



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

**ATTACH
 CURRENT
 PHOTO**

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

Renewal: School yr. 20 / /
 School yr. 20 / /
 School yr. 20 / /
 School yr. 20 / /

Date of Application: _____ Grade Entering: _____

STUDENT INFORMATION

OFFICE USE ONLY

- Full Legal Name _____
LAST FIRST MIDDLE NICKNAME
- Permanent Address _____
AND STREET CITY ZIP CODE
 (Address Change) _____
 (Address Change) _____
 (Address Change) _____
- Telephone: () _____ Home Age: _____ Sex: M F
 () _____ Wk - Mother
 () _____ Wk - Father
 () _____ Emergency
- Date of Birth: _____ Place of Birth: _____
- Citizenship: _____ If not USA, type of visa: _____
- Baptized SDA: YES NO Date _____ Church attending _____
- Applicant lives with: Both Parents Mother Father Guardian
- Language spoken at home: _____ Student's Social Security # _____
- Physical deficiencies: Hearing Sight Speech Other - If other, explain on Medical Information Sheet
- 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

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

Recommendations Received:
 1. _____
 2. _____
 Grade Enrolled: _____
 Room Assigned: _____
 Withdrew: _____
 Trans. Rec'd: _____

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