

Joshua Academy INC

Application



****Please Print****

Student Name: _____
(Last) (Middle) (First) (Sex)

Date of Birth: _____ Place of Birth: _____ Promoted to: _____
City / State

Ethnicity: _____ Black/African American _____ Caucasian _____ Hispanic _____ Other: (Please Specify)

Address: _____
City State ZIP Code

Last School Attended: _____ Student is: _____
Gardiner Step Up
Hope McKay
Self-Pay Family Empowerment

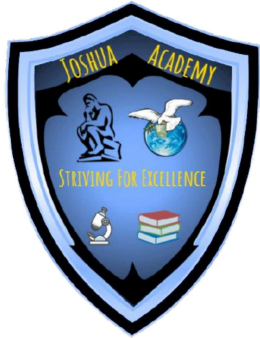
For Office Use Only

Application Fee: _____ Check _____ CC/Debit _____ P.O. Money Order

Admission Testing Fee: _____

Accepted: _____ Yes _____ No _____ Grade

Recipient Initials: _____



Joshua Academy INC

Family Contact Information



Student lives with: (Check all that apply)

Father Step-Father Other/Specify
 Mother Step-Mother

Parent (custody):

Father
 Mother
 Other/Specify

Parents Are:

Seperated
 Divorced

****Please Print****

Father: Name: _____
(Last) (Middle) (First)

E-mail: _____

Address: _____

Employer: _____

Home Phone: () - _____ City State ZIP Code

Cell Phone: () - _____

Occupation: _____

Mother: Name: _____
(Last) (Middle) (First)

E-mail: _____

Address: _____

Employer: _____

Home Phone: () - _____ City State ZIP Code

Cell Phone: () - _____

Occupation: _____