

### APPLICANT'S INFORMATION

Applicant's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ F  M   
*last first middle*

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Previous Schools Attended \_\_\_\_\_

Home Address \_\_\_\_\_  
*city state zip*

Mailing Address \_\_\_\_\_  
*(Optional/If Applicable) city state zip*

### FAMILY INFORMATION

Living With:  Both Parents  Father Only  Mother Only  Foster Parents  Other \_\_\_\_\_

Father or Male Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Mother or Female Guardian's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

*Please list other children in the family:*

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*List 2 persons, other than yourself, who are available during the school day that have agreed to care for and pick up your child if he/she becomes ill and you cannot be reached.*

1) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

*Is there anyone who CANNOT pick up your child from school? Please list name & explain:*

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION

Briefly include your child's medical information. Please include any physical or emotional health information that would help teachers and administrators promote optimal student development, and medical attention when needed.

Known Allergies \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Medication(s) \_\_\_\_\_

*In the event of a medical emergency, I give permission for the staff of JOY Academy of Southern Nevada to seek the medical attention deemed necessary for my child that is related to his/her immediate needs.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACADEMIC INFORMATION

What are your greatest desires for your child, and how do you see JOY Academy partnering with you to accomplish these goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's interests and activities in the areas of academics, athletics, music, art, hobbies, talents or other special interests. What motivates your child? In which academic subjects does he/she excel, love, or show the most interest?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Information gathered here will be held in confidence by JOY Academy and only disclosed to those necessary to the admissions process.*

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

*JOY Academy of Southern Nevada admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, in administration of its educational policies, admissions policies, and any other school-administered program.*

### OFFICE USE ONLY Date Received:

Copy of Birth Certificate \_\_\_\_\_ Proof of Immunizations \_\_\_\_\_ Tuition & Fees Form \_\_\_\_\_

Field Trip Permit Form \_\_\_\_\_ Honor & Dress Code \_\_\_\_\_ Admissions Application \_\_\_\_\_

Media Release Form \_\_\_\_\_ Fees Paid \_\_\_\_\_