

South Bay Junior Academy
APPLICATION FOR ADMISSION

PREVIOUS SCHOOLS ATTENDED (most recent school first)

School name	Address, City, Zip, Phone	Grades completed

OTHER CHILDREN IN FAMILY (oldest first)

Name	Birthdate	Gender	Age	Grade	School attending

ABOUT THE STUDENT

Physical concerns: _____Sight* _____Hearing* _____Allergies* _____Other*

*Please explain_____

Is student to be excused from physical activity? _____ Yes _____ No (If yes,physicians statement is required)

Interests and Hobbies _____Musical instruments played_____

EMERGENCY INFORMATION

List four individuals to whom you will release your child in the event of an emergency.

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

STUDENT'S DESTINATION AFTER SCHOOL

Home () Extended Care () Work () Sitter () Relative () Other ()

If other than home or Extended Care:

Name_____Phone_____

Address_____Relationship_____

How did you hear about this school? _____

Why do you want your child to attend this school? _____

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CONTINUING CONSENT TO TREATMENT

We, the undersigned, parent or guardian of _____ (minor) do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or specific instructions of _____ MD, or any physician the program school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school. It is understood that this consent is given in advance of any specific diagnosis or treatment required and is given to encourage South Bay Junior Academy and said physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing, and delivered to the physician named above or to the school entrusted with the custody of said minor.

Father's name (print) _____

Mother's name (print) _____

Legal guardian's name (print) _____

Signed _____ Date _____
(Parent or Legal Guardian)

STUDENT CONTRACT

I have read and agree to cooperate with the ideals and standards set forth in South Bay Junior Academy's most recent bulletin. My signature pledges my cooperation and loyalty if admitted as a student.

Student's signature _____ Date _____

PARENT CONTRACT

I have read the school bulletin and agree to cooperate with the regulations and policies as stated. My financial obligations are clearly understood, and I agree to pay my child's account each month unless arranged otherwise in advance. I further agree to wait for a transcript of grades until my child's account is paid in full upon termination from school. To the best of my knowledge the questions have been answered honestly, and the applicant will cooperate with the principles and spirit of this school.

Parent's signature _____ Date _____

PHOTO RELEASE

I grant to South Bay Junior Academy the right to take photographs (still and video) of me and my family in connection with school experiences at the facility and on school outings. I authorize South Bay Junior Academy, its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that South Bay Junior Academy may use such photographs of me without my name for any lawful purpose including, for example, publicity, illustration, advertising, and web content.

I have read and understand the above and agree: ___ Yes ___ No

Student's name _____ Grade _____ Date _____

Parent's signature _____ Printed name _____