

APPLICATION FOR ADMISSION

Please complete this side for **each child** applying to Bob Jones Academy.

Student Information

APPLICANT'S LEGAL NAME _____
FIRST MIDDLE LAST SUFFIX

Preferred Name _____ Gender: Male Female

Date of Birth _____ / _____ / _____ Social Security Number _____ - _____ - _____
MM DD YEAR

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

Ethnicity: African-American American Indian or Alaskan Native Asian Caucasian Hispanic
 Native Hawaiian or other Pacific Islander Other

Student Resides With Both parents Father Mother Other _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(_____) (_____) _____
HOME PHONE CELL PHONE EMAIL

Infant-age 2: Requested start date _____

K3-12: Applying for grade _____ school year 20____-20____ First Semester Second Semester Summer School (grades 9-12 only)

If applying for K3 through K5: half day full day

If applying for 1 through 12: Full time Part time If part time, list classes desired: _____

Please give the complete name and address of the last school your child attended. Request that that school mail us your child's grade record (for grades 2-10, the transcript should include at least the past two years; for grades 11-12, the transcript should include all high school work). High school credits must be recorded on official transcript.

SCHOOL NAME _____ ATTENDANCE DATES _____ TO _____
MM / YY MM / YY

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(_____) (_____) _____
SCHOOL PHONE SCHOOL FAX

Type of School: Christian School Homeschool Public School Charter School Private School

Has your child ever been placed on probation, denied enrollment, suspended or expelled for disciplinary reasons by any school? Yes No

If yes: LENGTH _____ DATE _____

Has your child ever used alcohol, a non-medical drug or tobacco? Yes No

Has your child ever been arrested for something other than a traffic violation? Yes No

If yes to any of the above, please explain: _____

Who, if anyone, referred you to BJA? _____

Please complete this side for **each family** applying to Bob Jones Academy.

Family Information

Check one: Father Stepfather Guardian

TITLE	FIRST	MIDDLE	LAST	SUFFIX
ADDRESS		CITY	STATE	ZIP
()	()	()	()	()
HOME PHONE	CELL PHONE	WORK PHONE		
EMAIL		BJA/BJU alumnus, student or former student <input type="checkbox"/> Yes <input type="checkbox"/> No		

Marital status: Never married Married Separated Divorced Divorced and remarried Widowed **Deceased:** Yes No

Check one: Mother Stepmother Guardian

TITLE	FIRST	MIDDLE	LAST	SUFFIX
ADDRESS		CITY	STATE	ZIP
()	()	()	()	()
HOME PHONE	CELL PHONE	WORK PHONE		
EMAIL		BJA/BJU alumnus, student or former student <input type="checkbox"/> Yes <input type="checkbox"/> No		

Marital status: Never married Married Separated Divorced Divorced and remarried Widowed **Deceased:** Yes No

Church Information

CHURCH NAME	CITY	STATE	ZIP
PASTOR	DENOMINATION		
()	()	()	()
CHURCH PHONE	CHURCH EMAIL ADDRESS	WEB ADDRESS	

Describe your church attendance: Weekly (1–3 times per week) Occasionally (1–2 times per month) Rarely (less than once a month) Never
Are you a member of this church? Yes No

Family and Billing Agreement

I agree

- To the statement of faith and position statements of Bob Jones Academy (available at www.bobjonesacademy.net under About).
- To support the mission and policies of Bob Jones Academy as stated in the Student handbook (available at www.bobjonesacademy.net under Resources, then go to Docs).
- To honor all financial obligations to the school in a timely manner.

If your child is enrolled, to whom should we send the bill? **Check one:** Father Mother Guardian

I certify that the information given on all application materials is complete and accurate.

SIGNATURE OF PARENT OR GUARDIAN	DATE
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Please submit all documents via (choose one):

- Mail to **Admission Coordinator; Bob Jones Academy, 1700 Wade Hampton Blvd., Greenville, SC 29614**
- Fax to **(864) 271-7278**
- Scan and email to **bjabobjonesacademy.net**