

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 _____

Student Resides With Both parents Father Mother Other _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

Please mark one or more races that you consider your child to be (optional):

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

I intend to enroll my child Full-time Part-time

Infant-age 3: Requested start date _____

K4-12: Applying for grade _____ school year 20____-20____ First Semester Second Semester Summer School (grades 9-12 only)

Requesting a residence hall reservation for your child (grades 9-12 only)? Yes No

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.

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

ADDRESS _____ CITY _____ STATE _____ ZIP _____

School Phone (_____) _____ Type of School Christian School Homeschool Public 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: _____

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

Family Information

Check one: Father Stepfather Guardian

TITLE	FIRST	MIDDLE	LAST	SUFFIX
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ADDRESS	CITY	STATE	ZIP
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HOME PHONE	CELL PHONE	WORK PHONE
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BJA/BJU alumnus, student or former student Yes No
EMAIL

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

Check one: Mother Stepmother Guardian

TITLE	FIRST	MIDDLE	LAST	SUFFIX
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ADDRESS	CITY	STATE	ZIP
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HOME PHONE	CELL PHONE	WORK PHONE
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EMAIL

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

Church Information

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

Billing Information

If your child is accepted, to whom should we send the bill? 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, Greenville, SC 29614**
- Fax to **(864) 271-7278**
- Scan and email to **bjabobjonesacademy.net**