

# 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 an 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: \_\_\_\_\_

How did you hear about 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  Yes  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 alumna, student or former student  Yes  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](http://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](http://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

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](mailto:bjabobjonesacademy.net)**