

## Wilson Junior Academy Student Enrollment

Name	First Nam	е	Middle Name		Last Name			
Preferred Name								
Grade Level			Gender		Male or Female			
	•		Birthd	ate	Month, DD, YYYY			
			Race/E	thnicity				
Student Email			Homer	room				
Student Phone	☐ Mobile							
Language								
					•			
Parent Contact	Father			Mother				
Name								
Email								
Mobile Phone	☐ Preferred			☐ Preferred				
Other Phone	☐ Preferred			☐ Preferred				
SDA Member	Name of Church			Name of Church				
Mail Address								
City								
State, ZIP								
-	Mailing address for each parent/contact above. Leave second blank if same							
	☐ Legal Guardian	☐ Emergen	icy Co.	☐ Leg	al guardian	☐ Emergency Co.		
	Date App	olication Recie	ved					





## Wilson Junior Academy Student Enrollment

Student Baptized in the SDA Church?	☐ Yes ☐ No	D	te Baptized in the SDA Church		Month, DD, \	YYYY			
				•					
☐ First-Time Applicant			☐ Re-App	licant	(Skip this section)				
Do you owe a bill at a previous school?			☐ Yes		□ No				
If yes, provide the following information about the school.			Name of School						
			Address						
			Phone Number						
First-time applicants will need 3 letters of recommendation from non-family members, preferably pastors, eldsers, teachers, principal, or other adult figure in leadership.  First-time applicants will also need a report card – transcript required if entering the 10th grade – from the previous school year.									
JUPITER AND ONECAL All parents will automatic to parents through call and will recieve an email to acc	ally be signed u d/or text. Jupiter	r is u	sed to communi	cate at	tendance reports and gr	ade reports. You			
I agree to care for this stu	Initial								
I agree to support each re	Initial								
I agree to cooperate with teacher or school policy i	Initial								
	Date App	plica	ntion Recieved						
Signature of Administrator									