



*Where Jesus Christ is Alive  
through Excellence in Education*

# **ADMISSION APPLICATION**

## *Jr. Kindergarten – 8th Grade*

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Name of Student

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Desired Grade Placement

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Desired Entrance Date

Jordan Christian Academy  
P.O. Box 818  
Thermal, CA 92274

Tel (760) 398-1614  
Fax (760) 398-6352  
Email: [jomi@jordanoutreach.org](mailto:jomi@jordanoutreach.org)



## APPLICATION FOR ADMISSION

Students Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed

Student lives with:  Both Parents  Father  Mother  Other

Number of children in the family: \_\_\_\_\_ Ages: \_\_\_\_\_

List chronologically all schools attended, beginning with the most recent first. (Include Preschool and Kindergarten):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

Recent Teacher: \_\_\_\_\_ Phone #: \_\_\_\_\_

Academic Grades have been:

Superior (A's)  Above Average (B's)  Average (C's)  Below Average (D's or F's)

Has the student ever failed a grade or been retained?  Yes  No

If yes, please explain: \_\_\_\_\_

(OVER, Please)

**Jordan Christian Academy  
Application for Admission  
Page 3**

Number of absences last year: \_\_\_\_\_ Reason: \_\_\_\_\_

Has the student ever been suspended or expelled?  Yes  No (If yes, please explain):

Describe any physical, mental, or emotional disabilities OR any allergies the student may have:

Would a special learning class be needed?  Yes  No

Please comment on the student's personality and behavior traits: \_\_\_\_\_

List any sports or extra-curricular interest the student may have:

Church affiliation of parents/guardians (if any): \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about Jordan Christian Academy? \_\_\_\_\_

Why do you, as parents/guardians, desire to enroll your child at Jordan Christian Academy? (Check all that apply):

- Academic Excellence  Advanced Curriculum  Location  Facilities  
 Christ-Centered Environment  Class Size  Tuition Cost  Open Enrollment  
 Other (Please list): \_\_\_\_\_

**In Submitting This Application And By Signing Below, I Agree To The Following:**

1. I understand that the grade placement of my child will be determined upon the recommendation of the administration in consultation with the parents/guardians.
2. I have read the **Criteria for Admission** sheet and am in agreement with it.
3. I have, to the best of my knowledge and ability, answered all questions truthfully and completely.

Father or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_