



APPLICATION FOR ADMISSION

Full Name of Applicant _____
First Middle Last

Preferred Name _____ Student Id # (if known) _____

Home Address _____

County _____ Date of Birth _____

Age _____ Gender _____ Ethnic Origin _____

Application for Grade _____ Beginning _____
Month Year

Father/Stepfather/Guardian _____

Home Phone _____

Home Address if different from Applicant's _____

Occupation _____ Position/Title _____

Name of Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Mother/Stepmother/Guardian _____

Home Address if different from Applicant's _____

Occupation _____ Position/Title _____

Name of Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Applicant's Present School _____ Years attended _____

Name of principal/Head of School _____ Current Grade _____

Counselor's Name _____



Other schools attended by applicant:

Name of School	Address of School	Grade Level(s)	Dates Attended

If you have other children currently applying for admission to Jewels Foundation please list names and grades:

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Please indicate how you first learned about Jewels Foundation

Please use space if you wish to share additional information

Signature of Parent/Guardian _____ **Date** _____

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