

# Jordan Baptist School

## STUDENT ENROLLMENT APPLICATION

### Student Information

Student's Name	/ /	Date of Birth	Age	M F Sex
Grade Expected to Enter	Name of School Last Attended			
( )	( )	( )	( )	
Home Phone	Cell Phone	School Phone	Fax	
Street Address (Home)	Street Address (School)			
City, State & ZIP Code	City, State & ZIP Code			

### Family Information

Father's/Legal Guardian's Name	Mother's/Legal Guardian's Name
( )	( )
Home Phone	Home Phone
( )	
Cell Phone	Mother's Email
Father's Email	( )
( )	Work Phone, Name of Workplace, Shift
Work Phone, Name of Workplace, Shift	Work Address (Street, City, State & ZIP Code)
Work Address (Street, City, State & ZIP Code)	Work Address (Street, City, State & ZIP Code)
Married ( )    Separated ( )    Divorced ( )    Widow ( )    Widower ( )	
Marital Status	
Both Parents ( )    Father ( )    Mother ( )    Legal Guardian ( )	
With Whom Does the Student Reside	

### Church Affiliation

Church's Name	Pastor's Name
Church Phone	Yes ( )    No ( ) Years Attended    Independent Baptist
Fax	Both ( )    Father ( )    Mother ( ) Parent's Salvation
Street Address (Church)	Yes ( )    No ( ) Student's Salvation, Date
City, State & ZIP Code	

**Jordan Baptist School is a ministry of Jordan Baptist Church**

**Phone (708) 636-8635**

**5040 W. 87<sup>th</sup> St. Burbank, IL. 60459**  
**WWW.JORDANBAPTISTSCHOOL.COM**

**Fax (708) 636-1501**

## General Information

Please indicate the academic level of pupil's previous work:

Excellent ( )

Good ( )

Average ( )

Poor ( )

Reason for selecting and enrolling in Jordan Baptist School:

---

---

Has the child ever been expelled, dismissed, suspended, or refused admission to another school?

Yes ( )

No ( )

If yes, please explain:

---

---

---

---

Has your child ever failed in school?

Yes ( )

No ( )

If yes, explain:

---

---

Has the child ever had disciplinary difficulties?

Yes ( )

No ( )

If yes, explain:

---

---

Has the child ever been in trouble with the law (arrested, etc.)?

Yes ( )

No ( )

If yes, explain:

---

---

Has the child ever used tobacco, drugs, or alcohol?

Yes ( )

No ( )

If yes, explain:

---

---