



8500 Jericho City Drive  
Landover, Maryland 20785  
(301) 333-9400  
(301) 333-0521 – Fax

Apostle Betty P. Peebles  
Administrator

Dr. Karyn H. Scott  
Principal

APPLICATION FOR

Grade \_\_\_\_\_ (Must be age 5 by September 1st for Kindergarten)

Applicant Name \_\_\_\_\_  
First Middle Last

Preferred Name \_\_\_\_\_

Male  Female Social Security No. (required): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Sept. 15 \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

FAMILY INFORMATION

Student resides with (required):

Both parents  Mother  Father  Guardian  Stepmother  Stepfather  Other \_\_\_\_\_

Check if applicable:  Parents divorced\*  Parents separated  Father deceased  Mother deceased

Father remarried  Mother remarried  Parents Unmarried

\*If parents are divorced, who has legal custody? (Required) \_\_\_\_\_

Correspondence should be addressed to whom? \_\_\_\_\_

School decisions responsibility will be assumed by whom? \_\_\_\_\_

Financial responsibility will be assumed by whom? \_\_\_\_\_

<b>PARENT/GUARDIAN INFORMATION (1)</b>		
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		
Full Name _____		
Home Street Address _____		
City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	
Employer _____	Occupation/Title _____	
Employer Street Address _____		
City _____	State _____	Zip _____
Business Phone _____		
Email Address _____		

<b>PARENT/GUARDIAN INFORMATION (2)</b>		
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		
Full Name _____		
Home Street Address _____		
City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	
Employer _____	Occupation/Title _____	
Employer Street Address _____		
City _____	State _____	Zip _____
Business Phone _____		
Email Address _____		

STUDENT INFORMATION

Present School \_\_\_\_\_  Private  Public

School Address \_\_\_\_\_  
Street State Zip

Grade \_\_\_\_\_ Date of Entrance \_\_\_\_\_ Telephone \_\_\_\_\_

SCHOOLS PREVIOUSLY ATTENDED

Name of School Grade Dates of Attendance City and State Telephone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student applied to Jericho Christian Academy previously? .  Yes\* .  No \*If yes, when? \_\_\_\_\_

Applicant's Siblings

Full Name Age School Grade

Full Name Age School Grade

Full Name Age School Grade

Full Name Age School Grade

Primary language spoken at home? \_\_\_\_\_

Names and relationships of relatives who either work, attend or have attended Jericho Christian Academy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Jericho Christian Academy? (Please be as specific as possible.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies or other medical, psychological or emotional disabilities or limitations that may require special attention or limit participation in school activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had any difficulties in school? If so, please describe.

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Describe any special achievements your child has accomplished either in or out of school.

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What are your child's talents and interests, strengths and weaknesses, areas or subject(s) in which he or she might benefit from special encouragement or individual instruction?

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What do you like to see your child accomplish at Jericho Christian Academy?

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Jericho Christian Academy welcomes any additional thoughts you would like to share with us about your child.

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We/I certify that the information in this application is true, accurate and complete. We/I authorize the Jericho Christian Academy to request any information that it believes is relevant to this application process. This includes, but is not limited to information obtained from our/my child's present/previous schools, educational consultants, medical providers and other specialists that may have knowledge useful to the admission process. We/I understand that false, incomplete, omitted or misleading information given in this application or during the application process may result in a refusal to admit or dismissal in the event of admission.

\_\_\_\_\_  
Signature of Parent/Guardian (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (Required)

\_\_\_\_\_  
Date

*Please return the application with the \$100 application fee to:*

OFFICE OF ADMISSION  
Jericho Christian Academy  
8500 Jericho City Drive  
Landover, Maryland 20785