



2022-2023 School Year Application

PLEASE PRINT OR TYPE ALL INFORMATION.

ALL ITEMS MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED.

176 NW CRANE AVE • MADISON, FL 32340
(850) 253-2173 OFFICE
SCHOOL@JMPHS.ORG EMAIL

FOR OFFICE
USE ONLY

GPA:

R:

L:

M:

D/A:

STUDENT INFORMATION

☐ MALE ☐ FEMALE ☐ ASIAN ☐ BLACK ☐ HISPANIC ☐ NATIVE AMERICAN ☐ PACIFIC ISLANDER ☐ WHITE

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS (*MUST BE STUDENT'S PRIMARY RESIDENCE) CITY ZIP CODE

HOME PHONE NUMBER DATE OF BIRTH (MM/DD/YY) CURRENT SCHOOL GRADE APPLYING FOR
☐ 9 ☐ 10 ☐ 11 ☐ 12

STUDENT RESIDES WITH: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER ()

PARENT/GUARDIAN INFORMATION

FATHER'S/LEGAL GUARDIAN'S NAME

MOTHER'S/LEGAL GUARDIAN'S NAME

SPOUSE (IF OTHER THAN MOTHER/FEMALE LEGAL GUARDIAN)

SPOUSE (IF OTHER THAN FATHER/MALE LEGAL GUARDIAN)

HOME ADDRESS (if different from student)

HOME ADDRESS (if different from student)

CITY STATE ZIP CODE

CITY STATE ZIP CODE

HOME PHONE

HOME PHONE

WORK PHONE

WORK PHONE

CELL PHONE

CELL PHONE

EMAIL ADDRESS

EMAIL ADDRESS

If you are not the student's birth parent, please provide a **Certified True Copy of the Transfer of Custody/Legal Guardianship**. Documentation indicating the purpose of the transfer of custody may also be requested. Legal Guardians must be: (1) appointed by the court, (2) awarded custody by a court judgment, or (3) granted temporary custody by a state agency.

A NOTARIZED STATEMENT NOT IN COMPLIANCE WITH THE LAWS GOVERNING CUSTODY BY MANDATE IS NOT CONSIDERED PROOF OF GUARDIANSHIP.

ADMISSION REQUIREMENTS FOR ENTERING JMPHS

Students NOT currently enrolled in a Madison County District School must submit the following along with a completed application:

- Copy of student's birth certificate
- Copy of student's social security card
- Copy of student's immunization record
- Letter from a school administrator verifying attendance history, that includes the number of absences and tardies, and a detailed discipline record.

Admission will be based upon the documents requested above.



SIGNATURE OF STUDENT

DATE

I certify that I am legally responsible for the child for whom this application is being made and have the legal right to apply, on behalf of the child, for admission and to register the child if placement is offered. I have responded to all sections of this application and certify that all of the information submitted is true to the best of my knowledge.



SIGNATURE OF PARENT/GUARDIAN

DATE