

# Journey Christian Academy

146 Appleton Road, Elkton, MD 21921  
Phone (410) 441-3196 Fax: (866) 688-4847

## New Student Application

Attach recent  
student photo  
here

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Goes By: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_ Race: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Student Email Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
Local School District of Residence: \_\_\_\_\_ District State: \_\_\_\_\_

### Family Information

Father's Last Name \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_  
Legal Relationship to Student: \_\_\_\_\_ Lives with Student? \_\_\_\_ Yes \_\_\_\_ No  
Financially Responsible? \_\_\_\_ Yes \_\_\_\_ No Father's Email Address \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_  
Legal Relationship to Student: \_\_\_\_\_ Lives with Student? \_\_\_\_ Yes \_\_\_\_ No  
Financially Responsible? \_\_\_\_ Yes \_\_\_\_ No Mother's Email Address \_\_\_\_\_

### Admission Information

You are applying to attend what grade? \_\_\_\_\_ Desired Start Date: \_\_\_\_\_  
Most Recent School Attended: \_\_\_\_\_ Grades Completed: \_\_\_\_\_  
Address of school: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Phone Number of School: \_\_\_\_\_  
Second Most Recent School Attended: \_\_\_\_\_ Grades Completed: \_\_\_\_\_  
Address of school: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Phone Number of School: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_ Current Church: \_\_\_\_\_  
Phone Number of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Address of Church: \_\_\_\_\_  
Are you a member of this Church?: \_\_\_\_\_  
Does the applicant have any other relatives who currently attend a Reach Christian School? \_\_\_\_\_

***Our goal will be to individualize every student's experience to meet his or her educational, behavioral, and social needs. Please complete this section of the application to help us better understand your child's strengths and needs.***

I am interested in enrolling my child in Journey Christian Academy because:

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If the applicant is a high school student (grades 9-12), are you applying for the diploma track or for the certificate program?

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Does your child have an IEP? (If yes, please submit a copy) \_\_\_\_\_

In what school and what year was the IEP written? \_\_\_\_\_

Have you ever had a full psycho-educational evaluation for your child? (If yes, please submit a copy) \_\_\_\_\_

Please list any diagnosed conditions for this student and the date of diagnosis. \_\_\_\_\_

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Please describe any other conditions or characteristics, if any, that may impact your child's learning needs. (You may include suspected diagnoses that have not been confirmed by a doctor or psychologist.)

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Please describe any sensory needs or sensitivities your child has. \_\_\_\_\_

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If your child has times when he or she shuts down, melts down, or tantrums, please describe the child's behavior, the kinds of things that will trigger this reaction and what methods you have found most effective in helping him or her to regain composure: \_\_\_\_\_

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Please describe any assistive technology your child uses for school work and when it is needed.

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Please describe any other accommodations your child is receiving or that you hope he or she will receive at Journey Christian Academy. \_\_\_\_\_

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What is your child's approximate reading grade level? \_\_\_\_\_

What is your child's approximate grade level in writing and spelling? \_\_\_\_\_

What is your child's approximate grade level in mathematics? \_\_\_\_\_

If there is any additional information that you would like to share about your child's needs, please use this space.

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**My Signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_