James Madison Preparatory High School
Enrollment Application

2812 W US 90 • MADISON, FL 32340

(850) 253-2173 OFFICE
rfletcher@JMPHS.ORG EMAIL

PLEASE PRINT OR TYPE ALL INFORMATION.
ALL ITEMS MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED.

FOR OFFICE USE ONLY Date Received: _____

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 _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____ CURRENT SCHOOL _____ ○9 ○10 ○11 ○12 GRADE for 26-27 school year

STUDENT RESIDES WITH: ○BOTH PARENTS ○MOTHER ○FATHER ○OTHER _____

Is there a sibling who is currently enrolled at JMPHS? ○ NO ○ YES (If "YES" Name _____)

PARENT/GUARDIAN INFORMATION

FATHER'S/LEGAL GUARDIAN'S NAME _____

SPOUSE (IF OTHER THAN MOTHER/FEMALE LEGAL GUARDIAN) _____

HOME ADDRESS (if different from student) _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

MOTHER'S/LEGAL GUARDIAN'S NAME _____

SPOUSE (IF OTHER THAN FATHER/MALE LEGAL GUARDIAN) _____

HOME ADDRESS (if different from student) _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

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 WITHTHE LAWSGOVERNING CUSTODY BY MANDATE **IS NOT CONSIDERED PROOF OF GUARDIANSHIP.**