



Liza Jackson Preparatory School

Application for School Year: _____
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Revision 3/2019

<input type="checkbox"/> Check if sibling attends LJPS Name of Sibling _____

PART 1: STUDENT INFORMATION

Student's Legal Name: _____

Preferred Nickname: _____

Current Grade: _____ Date of Birth: _____ Gender: _____ Ethnicity: _____

Residence Address: _____

City, State, Zip: _____

Last School Attended: _____

Address: _____

Exceptionalities/Special Needs: _____

What information would you like to share about your child?

PART 2: PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____ Phone: _____

E-Mail: _____

Parent/Guardian's Name: _____ Phone: _____

E-Mail: _____

The information provided above is complete and accurate. I understand that if a position in the school becomes available I will be contacted with regards to enrolling my child.

Parent/ Guardian's Signature _____ Date _____