



4211 Chester Avenue  
Philadelphia, PA 19104

Phone: (215) 387-7592  
Fax: (215) 387-5027

Jubilee's mission is to provide an environment in which children build upon their wealth of creative, intellectual, spiritual, social, physical and cultural resources. By respecting how children think and learn, and by providing them with a strong foundation of academic and social skills, we are equipping them to excel as independent learners. Our goal is to support students in building a sense of hope, responsibility, and knowledge of their power which will affect change in our community and in the world. Our commitment is to provide a rigorous & comprehensive private school education which is affordable to all regardless of income.

## APPLICANT INFORMATION 2019-2020

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Grade applying for \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male

Female

Applicant's Name \_\_\_\_\_

First

Middle

Last

Current Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_

Email \_\_\_\_\_

## ACADEMIC INFORMATION

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Present School \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone \_\_\_\_\_

Grades Completed \_\_\_\_\_

Dates Attended \_\_\_\_\_

Previous Schools Attended:

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Grade/Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Grade/Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Grade/Dates Attended \_\_\_\_\_

**\*Copies of educational or psychological evaluations are to be submitted with application.\***

## **FAMILY INFORMATION**

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Parent's/Guardian's Full Name			Relationship to Applicant	
If Remarried, Spouse's Name				
Home Address (If different from Applicant)				
			Phone	
City	State	Zip	Cell	
Employer			Daytime Phone	
Employer's Address			Email	

Parent's/Guardian's Full Name			Relationship to Applicant	
If Remarried, Spouse's Name				
Home Address (If different from Applicant)				
			Phone	
City	State	Zip	Cell	
Employer			Daytime Phone	
Employer's Address			Email	

Please clarify pertinent custody, living, and visitation arrangements that may be of concern (i.e. release of child)

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Is the non-custodial Parent to receive correspondence? \_\_\_\_\_

Please List siblings of Applicant:

Sibling Name _____	Age _____	School _____
Sibling Name _____	Age _____	School _____
Sibling Name _____	Age _____	School _____

## **ADDITIONAL INFORMATION**

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Describe your child: emphasize academic and personal strength, as well as challenges your child might face.

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What are you looking for in a school, in order of priority?

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In what ways were you active at your child's school?

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On average, how much time does your child spend on daily homework and how much help is required?

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What responsibilities does your child have at home? How are these responsibilities enforced?

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What is your approach to discipline?

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How did you hear about Jubilee School? Please list relatives or friends that may have attended.

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date

**\*Please return the completed application with your non-refundable fee of \$25.00 payable to Jubilee School\***