

# Jersey Coast Academy

Jaguar Sports

“No Student-Athlete Left Behind”



## Application for Admission

(Please Print Full Name) \_\_\_\_\_

Instructions to the Student's Parent(s): To begin the student's application process, please complete this form and mail it (along with the **\$40.00 application fee**) to Jersey Coast Academy Admissions Office shown below. If you have any questions about the application process, please contact us at 855-526-2781.

Athletic Program(s) (Circle any): Basketball Football Hockey Track/Field Wrestling  
Grade Level student expects to enter at Jersey Coast Academy (Circle One): PG (Post Grad) or JUCO  
Time of year student expects to enter Jersey Coast Academy (Circle One): Fall Spring Summer  
Please select the student program (s) (Circle One): Day Student (Commuter) Boarding Student

### Student Information

Full Name: \_\_\_\_\_

First Middle Last Preferred Name

Address: \_\_\_\_\_

Street City State Zip

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_-\_\_\_-\_\_\_ Sex: M \_\_\_ F \_\_\_ Citizenship: U.S. \_\_\_ Other \_\_\_

Cell Phone # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please list the names, addresses and dates of attendance of the schools the student attended in the last 3 years:

| School | Address | Dates of Attendance |
|--------|---------|---------------------|
|        |         |                     |
|        |         |                     |

### Parent/Guardian Information

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Father/Guardian's Address

\_\_\_\_\_  
Mother/Guardian's Address

City State Zip Code

City State Zip Code

( ) ( ) ( )

( ) ( ) ( )

Home Phone

Work Phone

Home Phone

Work Phone

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Cell Phone

Email Address

Cell Phone

Email Address

Jersey Coast Academy \* PO Box 373 \* Lakehurst, NJ 08733

Tel/fax (855) - 526 -2781 \* [info@jerseycoastacademy.org](mailto:info@jerseycoastacademy.org) \* [www.jerseycoastacademy.org](http://www.jerseycoastacademy.org)

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Father's Employer

Mother's Employer

SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check any of the following that apply to the Student/Applicant:**

Does the applicant live with both parents? \_\_\_\_\_ Does the applicant have siblings? \_\_\_\_\_

Sibling's sex and age: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_

Student now lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ other \_\_\_\_\_

Guardian Name and relationship to student: \_\_\_\_\_

## Student History

If the answer to any of the following questions is Yes, please explain in the space below:

1. Has the Student ever been suspended or expelled from school? \_\_\_\_\_

2. Has the Student ever been arrested or counseled by juvenile authorities because of conduct? \_\_\_\_\_

3. To the best of your knowledge has the Student used illegal drugs? \_\_\_\_\_

4. To the best of your knowledge does the Student drink alcohol? \_\_\_\_\_

5. Has the Student ever been placed in a Special Education Program? \_\_\_\_\_

(If so, has he ever been successfully remediated and returned to a mainstreamed academic program? \_\_\_\_\_)

6. Has the Student ever received psychiatric or psychological care or counseling? \_\_\_\_\_

7. Does the Student take any medication on a regular basis? \_\_\_\_\_

Explanations: \_\_\_\_\_

Please list all major extra-curricular activities in which the Student is currently involved in his/her present school other than athletics: \_\_\_\_\_

Please list any hobbies or activities which the student pursues: \_\_\_\_\_

Please list any sport (s) which the student pursues: \_\_\_\_\_

## General Health

Does the student have any food allergies or require a special diet? \_\_\_\_\_ (If yes, please explain below)

Please briefly describe the Student's General Health and explain the nature of any physical, emotional or medical conditions that may hinder the Student's performance or full participation in Jersey Coast Academy's programs: \_\_\_\_\_

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Does the Student have any learning disability or IEP? \_\_\_\_\_ (If yes, please provide documentation)

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The ACT/SAT testing organizations have special requirements for students with a learning disability that must be met to provide extended time testing. There are specific records and documents that must be provided timely to register a student for the examination. Jersey Coast Academy can provide you with what specific documents are required. Do you acknowledge these requirements and understand that if the records are not provided timely that regular testing will be assigned? \_\_\_\_\_

Students Health Care Coverage

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance Policyholder \_\_\_\_\_

## **Application Agreement**

In making this application, the undersigned hereby affirms his/her understanding of an agreement with the following:

1. That the enrollment of each Jersey Coast Academy Student is subject to the conditions and financial terms stated in the Academy's Enrollment Contract.
2. That the Students are enrolled for the entire academic year (or portion of based upon program of studies) and that the Academy makes no reduction or refund of tuition in the case of a Student's absence, dismissal or withdrawal. The parent/guardian(s) are financially responsible for all fees and costs for the JCA program.
3. That in the support of the Academy's policies prohibiting Students use of alcohol or illicit drugs, the undersigned give permission (upon the Students enrollment at Jersey Coast Academy) to the Academy, to require the student, under appropriate circumstances, to submit to alcohol/drug screening tests, the results of which will be made known to the Student's parents. Failure to submit to the tests will be grounds for immediate discipline action (suspension and/or dismissal).
4. That the undersigned must fully disclose to the Academy all relevant information pertaining to the Student's physical, medical, educational, emotional and psychological conditions and needs. Failure to disclose such information may result in separation from the Academy without tuition refund.
5. That all of the Student's immunization records and health forms must be on file in the Academy's Health File before his first day of residence at Jersey Coast Academy.
6. That upon the Students enrollment at Jersey Coast Academy, authorization is granted for the Academy to use photographs, video and audio for distribution in any form, in perpetuity, for school publications and advertisements.

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7. That upon acceptance of the Student into Jersey Coast Academy, a non-refundable deposit of **\$1500.00** is required to guarantee the Students enrollment at the Academy. Notification of acceptance is made by email within seven days, followed by a mailed copy of this document.
8. This contract/application is subject to the laws of the State of New Jersey.
9. This contract/application may be signed in counterparts.

\_\_\_\_\_  
Signature of Parent or Guardian Financially Responsible for the Student

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Print Name of Parent or Guardian Financially Responsible for the Student

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Student – Athlete enrolling in the program

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Jersey Coast Academy Authorized Admitting Official

\_\_\_\_\_  
Dated

A signature above by a Jersey Coast Academy official, indicates acceptance of the Student into the Academy.

