

James Madison Preparatory High School 2024-2025 School Year Application

2812 W US 90 • MADISON, FL 32340

(850) 253-2173 OFFICE makerman@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

OMALE OFEMALE OASIAN OBLACK OHISPANIC ONATIVE AMERICAN OPACIFIC ISLANDER OWHITE

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		$\circ 10 \circ 11 \circ 12$ ADE for 24-25 school yea
STUDENT RESIDES WITH:	Oboth parents Omother	Ofather Oother		
Is there a sibling who is curre	ntly enrolled at JMPHS? $^{\circ}$ NO $^{\circ}$	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)			MOTHER'S/LEGAL GUARDIAN'S NAME SPOUSE (IF OTHER THAN FATHER/MALE LEGAL GUARDIAN) HOME ADDRESS (if different from student)									
							CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
							HOME PHONE			HOME PHONE		
WORK PHONE			WORK PHONE									
CELL PHONE			CELL PHONE									
EMAIL ADDRESS			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.