



Janice Mitchell Isbell Academy, Inc.  
17811 Seven Mile Post Rd, Athens, AL 35611-8462  
<http://www.jmia.com> Phone: 256-694-9451 Email: info@jmiacademy.com

## Thanks for your interest in Janice Mitchell Isbell Academy, Inc. REGISTRATION FORM

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

Student Lives With: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Stepmother \_\_\_ Stepfather  
\_\_\_ Grandparents \_\_\_ Foster Parents \_\_\_ Other (Please Specify) \_\_\_\_\_

Racial/Ethnic Category: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander  
\_\_\_ Indian/Alaskan Native \_\_\_ Other (Please Specify) \_\_\_\_\_

U.S. Citizen? \_\_\_ Yes \_\_\_ No

Sex: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth \_\_\_\_\_

Special Education \_\_\_ Yes \_\_\_ No

Previous School Attended

| Name | Address | City | State | Zip | Phone |
|------|---------|------|-------|-----|-------|
|------|---------|------|-------|-----|-------|

**Mother/Guardian's Name:** \_\_\_\_\_  
Last First Middle

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email Address(es): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_  
Last First Middle

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email Address(es): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_



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**A current Alabama Certificate of Immunization (IMM-50) is required for all students enrolled in the Janice Mitchell Isbell Academy. Check which immunization applies:**  
 \_\_\_ Regular \_\_\_ Medical \_\_\_ Religious \_\_\_ Temporary \_\_\_ 2<sup>nd</sup> Measles

**EMERGENCY CONTACTS (If parents cannot be reached)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Name and Phone Number of Family Physician

\_\_\_\_\_

Does the student have any known allergies or acute illnesses such as diabetics, epilepsy, asthma, etc.?  
 \_\_\_ Yes (Explain) \_\_\_ No

\_\_\_\_\_

Does the student have any physical restrictions: \_\_\_ Yes (Explain) \_\_\_ No

\_\_\_\_\_

Does the Isbell Academy have permission to take your child to the nearest clinic for Emergency Treatment? \_\_\_ Yes \_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |
|--|
| Teacher: _____<br>Entry Date: _____<br>School Year: _____<br>Transcript from Previous School _____<br>Test Scores from Previous School _____ |
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