

Application Process

Applications must be completed in detail by the parent or guardian of the prospective student.

For consideration for admissions, the following forms must be submitted:

1. Application form.
2. Current Physical Examination Form (New students and transfer students).
3. Complete immunization record furnished by a physician or the Tennessee Health Department (required by State of Tennessee).
4. An official transcript of grades earned in previous schools.
5. Two recommendation forms: one from previous teacher or personnel from previous school attended, and/or one from a community member who knows applicant well. Forms can be obtained at F. H. Jenkins.
6. Financial Agreement Form.
7. Basic Skills Test for any applicant may be required.

Each applicant will be evaluated and notification of the Admission Committee's action will be forwarded. Acceptance is generally based on an applicant's scholastic ability and previous citizenship. F. H. Jenkins Elementary School reserves the right to administer an admission's test to any student applying to determine the student's placement or academic level of achievement. At any time during matriculation, a student may be asked to withdraw, if satisfactory conduct or academic achievement is not maintained

FHJ

F. H. Jenkins Elementary School

814 Youngs Lane

Nashville, TN 37207

Telephone: (615) 227-8992 Fax: (615) 227-8644

APPLICATION

GRADES K- 8

Falsifying any information may result in immediate dismissal of your child from this institution. *F. H. Jenkins Elementary School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Furthermore, this institution does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, admissions policies, athletic or extra-curricular programs.*

Please print.

Student's Legal Name _____
Last First Middle Applying for grade

Sex _____ Date of birth _____ Age _____ Place of Birth _____

Student's Social Security No. _____ (_____) _____
Home Phone

Home Address _____
Street City State Zip Code

Student lives with: _____ Is the child a US citizen? () yes () no

Family Information	Father	Mother	Guardian
Name			
(Check One)	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relationship to child:
Street			
City/Zip			
Home Phone			
Cell Phone			
Employer			
Occupation/Position			
Business Address			
Business Phone			
Years of Education			
Birthplace & Birthdate Bhir			
SDA Member	Y N Other:	Y N Other:	Y N Other:
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other:

SECTION 2**CHURCH MEMBERSHIP**

Denomination: _____ Name of church _____

Does student/family regularly attend church? () yes () no

Please give name of pastor and pastor's phone number.

Baptized: () yes () no

Baptism Date _____

SECTION 3**SIBLING (BROTHERS/SISTERS) INFORMATION**

Student?	Name	Age	Living At Home? (Yes/No)	Current FHJ (Yes/No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 4**GENERAL INFORMATION**

1. Has student ever been withdrawn from school during the school year? () yes () no
Give reason. _____

2. Has student ever repeated a grade? () yes () no
If yes, please give grade(s) repeated: _____

3. Has student ever skipped a grade(s)? () yes () no
If yes, please give grade skipped and reason. _____

4. Has student ever been placed on:
() probation () suspension () expulsion () or asked to withdraw from
If yes, please explain. _____

5. Name and address of previous school attended:

_____ School Name _____ Grade _____ School Phone Number _____

_____ Address _____ City _____ State _____ Zip Code _____

SECTION 7 F. H. JENKINS PARENTAL FINANCIAL COMMITMENT AGREEMENT

Student's Name (s) _____

Grade(s) _____

Date _____

As the Parent/Guardian of the student(s) listed above, I agree to pay F. H. Jenkins Elementary School tuition and all other fees between the 1st and 5th of each month.

Tuition and all other fees are not prorated, regardless of number of days child attends class and is due by 4 p.m. (2 p.m. on Fridays) on the 5th to avoid late and/or other charges. All fees are flat rate fees and are non-refundable. Discounted tuition is forfeited if child is withdrawn prior to the end of the period discount was received, or if other fees are accrued against the account balance designated for tuition. Late fees will result in any unpaid balance due by the 5th of the month. Childcare fees are due each Monday by 6 p.m. Any unpaid fees (tuition, childcare, class, etc.) by the 5th or other due date will result in a \$25.00 late fee and may result in withdrawal of child from the school program.

PLAN 1 TOTAL PAYMENT: (10% Discount on Tuition Fees Only)

The payment of total yearly tuition fees along with the registration and other fees due on the first day of school.

PLAN 2 SEMI-ANNUAL TUITION PAYMENT: (5%Discount on Tuition Fees Only)

The payment of five months tuition fees along with the registration and other fees due on first day of school.

Semi-annual tuition discount payments are due the first day of school for the first semester and January 1 for the second semester.

PLAN 3 10 EQUAL MONTHLY PAYMENTS: (Check/Cash/Credit Card)

The yearly tuition is paid in ten monthly payments due on or before the first day of school and the 5th of each month.

The 1st tuition/fees are due on or before the first day of school along with the registration and other fees.

Tuition/other fee payments are due on the 1st of each month and become delinquent after the 5th and a \$25.00 late fee is charged.

I UNDERSTAND my tuition/fees' rate and full year's commitment. I will faithfully abide by this agreement. If my account becomes delinquent at any time, it will be considered in default and will be due in full. My child will not be allowed to attend class. Any amount owed will be submitted for legal collection, and my child will not be readmitted, and no records will be released until my account is cleared of any delinquent amount and other fees (court, etc) . If my check is returned, I will be charged a returned check fee listed in the Student Handbook and I understand that I will be unable to submit any future payments by check. If any stated due date falls on Saturday or Sunday, the amount will be due the first Monday following stated due date to avoid late penalties.

Parent/Guardian's Signature SS# Date

Street Address (No P. O. Box) City State Zip

Driver's License Number & State Place of Employment Work Phone Home Phone

School Official's Signature Date

**F. H. JENKINS ELEMENTARY SCHOOL
814 YOUNGS LANE
NASHVILLE, TN 37207
PHONE: 227-8992 FAX: 227-8644**

FIRST GRADE RECOMMENDATION FORM

Student Name: _____ **Date:** _____

Dear Instructor:

The student named above has applied for enrollment in our first grade class. Please give us your frank opinion of the student's skills, capabilities, and deportment and mail the completed form to the above address. Compared with other students of the same age, how would you describe this student? Please use the following scale as you evaluate:

**5 - Far Above
Average**

**4 - Above
Average**

3 - Average

**2 - Below
Average**

**1 -Far Below
Average**

	5	4	3	2	1
Self-concept & Attitude					
Natural Curiosity					
Creativity					
Psycho-motor coordination					
Sensory awareness					
Social skills					
Behavioral conduct					
Physical development					
Reading readiness					
Counting number (1 -100)					
Knowledge of colors					
Recognition of shapes					
Self-identification skills [name/address/telephone]					

- Reading Skills
- Math Skills
- Verbal Expression
- Effort in School
- Self-Esteem
- Peer Relations
- Emotional Maturity
- Attends School Regularly

Name of School _____

Phone # (____) _____

Address _____ City _____ State _____ Zip Code _____

Print Teacher's Name _____

Teacher's Signature _____

Date _____

** Please place other pertinent comments on the back of this form.

F. H. JENKINS ELEMENTARY SCHOOL

814 YOUNGS LANE

NASHVILLE, TN 37207

PLEASE PRINT

PHONE: (615) 227-8992

FAX: (615) 227-8644

Last Name **STUDENT EMERGENCY MEDICAL RECORD FORM (SECTION 8)**

Initial _____

Birth Date ____/____/____ Social Security Number ____ - ____ - ____ Grade ____
Month Date Year

Address _____ City _____ State _____ Zip
Code _____

Mother's Name _____ Father's Name

Date of last physical exam _____ Date of last visit to the doctor

Family Physician _____ Telephone #

Current **physical examination** forms **must** be submitted. **Immunization** records **must** be current for all students.

History - Past Illnesses and Allergies (Please check those that your child currently has or has had in the past.)

Cancer	_____	Measles	_____	Ear Infections	_____
Chicken Pox	_____	Rheumatic Fever	_____	Asthma	_____
Diabetes	_____	Scarlet Fever	_____	Hay Fever	_____
Diphtheria	_____	Tuberculosis	_____	Insect Bites	_____
Epilepsy	_____	Whooping Cough	_____	Sickle Cell Anemia	_____
Heart Disease	_____	Behavior Disorder	_____	Other	_____

Other Illnesses or Allergies: _____

Food Allergies: _____

Briefly list any surgeries, behavior disorder (AD/ADHD, etc.) serious accidents or injuries, congenital defects, speech defects, and/or vision problems that may affect your child's school experience.

List any current daily medications.

Purpose _____

(OVER)

SECTION 8 - STUDENT EMERGENCY MEDICAL RECORD FORM, CON'T

CONSENT TO EMERGENCY MEDICAL TREATMENT

Student's Name _____ Grade _____

I, _____, parent/guardian of _____, hereby grant advance permission for F. H. Jenkins Seventh-day Adventist Elementary School or physician to act in my behalf, when delay would be dangerous in order to protect my child, and take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian
- Attempt to contact the child's physician or paramedic
- Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application
- Call an ambulance
- Have the child taken to an emergency hospital in the company of a staff member

If emergency service involving medical action or treatment is required and I cannot be reached, I do hereby consent to the rendering of any ambulatory service, x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service for the above named student as shall be necessary in the medical opinion of the doctor. My child will be transported to a hospital and such transportation and treatment shall be at my expense.

This consent shall remain in continuous effect until revoked in writing and delivered to F. H. Jenkins or medical personnel entrusted with said minor, or until student is no longer enrolled at F. H. Jenkins.

I hereby authorize any hospital, physician, or other person who has attended or examined my child to furnish to the Insurance Service, or its representatives, any and all information with respect to any illness, medical history, consultation, treatments or prescription, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Name of Insurance Company

Name as Written on Policy

Policy Number

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Print Name of Witness

Signature of Witness

Date

F.H. JENKINS ELEMENTARY SCHOOL

814 YOUNGS LANE
NASHVILLE, TN 37207
(615) 227-8992

SECTION 10 RECORDS REQUEST

Please complete this information and *return it to F. H. Jenkins*. F. H. Jenkins will forward this form to the school listed below.

REQUEST FOR RECORDS

Name of School _____

Address _____

Dear Principal:

Please send to F. H. Jenkins the transcript and other accompanying official records of the following student:

NAME _____

GRADE _____

DOB _____

SSN _____

ADDRESS _____

PARENT SIGNATURE _____

Thank you in advance for your attention to this request.

Queen Robinson, Principal

F. H. JENKINS ELEMENTARY SCHOOL
814 YOUNGS LANE
NASHVILLE, TN 37207
TELEPHONE (615) 227-8992 FAX (615) 227-8644

TO: Parents/Guardian
From: Diane Ruff, Principal
Subject: Admissions Procedures

Thank you for your interest in F. H. Jenkins Elementary School (FHJ). We are excited about the upcoming school year and look forward to serving you. Enclosed is an application and other forms to be completed. All information will be reviewed by the Admissions Committee to determine your child's enrollment status. Therefore, please forward the following information to the above address:

- | | |
|--|--|
| <input type="checkbox"/> Application (\$100 non-refundable) | <input type="checkbox"/> Two Recommendation Forms from Current Teachers |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Current Student Physical Examination Form (Physician) |
| <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Student Emergency Medical Record Form (Notarized)* |
| <input type="checkbox"/> Current Immunization Form (Health Depart./Doctor) | <input type="checkbox"/> Medication Consent Form(s) (A - Notarized)* ★ |
| <input type="checkbox"/> Child Authorization Release Form | <input type="checkbox"/> Athletic Permission/Medical Form (Parent/Physician) ★ |
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Other |
-

The enrollment process consists of two components:

1. Completion of all of the above items
2. Interview
3. Assessment (May be Needed)

Please check with the office regarding the interview date. You should make an appointment as early as possible. Items listed with an asterik (*) ***must be notarized***. Every student is required to have a completed, notarized Student Medical Record Form on file. Items listed with a star (★) are optional. The Medication Consent Form should be completed and notarized, only if your child will need to take medication. The Athletic Medical Form should be completed (not notarized), only if your child will be participating in basketball or cheerleading activities. ***Tuition and all other fees are not prorated, regardless of number of days child attends class. All fees are flat rate fees and are non-refundable.***

May God guide you in this most important decision regarding your child's future. If you need additional information, please feel free to contact the office. Our Administrative Assistant, Miss Lori Cammack, will kindly assist you.

Enclosures

NEW APPLICANT FINAL CHECKLIST_

Parent's Name _____ Student's Name _____ Grade _____

TO COMPLETE THE ENTIRE APPLICATION PROCESS
WE MUST HAVE THE FOLLOWING:
(Place _ in the blank to the left as you complete each item.)

- _____ 1. Application Fee (\$100 - Non-refundable)
Application consists of eleven (11) sections
(Stapled Sections 1-7)
- _____ 2. Section 8 - Student Emergency Medical Record Form (*Must Be Notarized*)
- _____ 3. Section 9 - Child Authorization Release Form
- _____ 4. Section 10 - Request for Records from Previous School
(Please **complete** this information **and return form**
with all of the above to F. H. Jenkins.)
- _____ 5. Section 11 - Two Recommendation Forms
- _____ 6. Current Student Physical Examination Form
- _____ 7. Copy of Birth Certificate
- _____ 8. Current Immunization Record (Health Department/Physician)
- _____ 9. Copy of Social Security Card
- _____ 10. Copy of Report Card
- _____ 11. Assessment (Make Appointment - 227-8992)
- _____ 12. Interview (Make Appointment - 227-8992)

OPTIONAL FORMS

Please complete these only if needed.

- _____ 1. Section 12 - Medication Consent Form(s) - (A - Notarized and/or B - Health Care)
- _____ 2. Section 13 - Athletic/Permission Medical Form (Parent/Physician)

That's it. All Done!

READMISSION FINAL CHECKLIST_

Parent's Name _____ Student's Name _____ Grade _____

TO COMPLETE THE ENTIRE APPLICATION PROCESS
WE MUST HAVE THE FOLLOWING:
(Place _ in the blank to the left as you complete each item.)

- _____ 1. Application consists of eleven (11) sections
(Stapled Sections 1-7)
- _____ 2. Section 8 - Student Emergency Medical Record Form (***Must Be Notarized***)
- _____ 3. Section 9 - Child Authorization Release Form
- _____ 4. Section 10 - Request for Records from Previous School
(Please ***complete*** this information ***and return form***
with all of the above to F. H. Jenkins.)
- _____ 5. Current Student Physical Examination Form
- _____ 6. Copy of Birth Certificate
- _____ 7. Current Immunization Record (Health Department/Physician)
- _____ 8. Copy of Social Security Card

OPTIONAL FORMS

Please complete these only if needed.

- _____ 1. Section 12 - Medication Consent Form(s) - (A - Notarized and/or B - Health Care)
- _____ 2. Section 13 - Athletic/Permission Medical Form (Parent/Physician)

That's it. All Done!