



Date _____ CDIB CARD TRIBE _____

Name of Student _____

Age _____ Date of Birth _____ Grade _____ Male Female

Parent Guardian _____

Home Address _____

E-Mail Address _____

Phone Number _____ Home Cell Work

Phone Number _____ Home Cell Work

School presently attending _____

School phone _____ FAX _____

Number of Absences _____ Grades _____ Special Education or IEP _____

Drug/Alcohol-related problems _____

Violations involving law enforcement _____

Medical problems/medications _____

Behavioral problems _____

Reason for wanting to place at Jones Academy _____

Does student want to come? Yes No Campus Tour Date: _____

Has student attended boarding school before? Where? _____

Intake person _____ Student referred by _____

Application Mailed E-mailed Faxed Online Date _____