

TRINITY BUCKINGHAM ACADEMY APPLICATION FOR JUMP START PROGRAM

Child's Name: _____

Nickname: _____

Address: _____

Zip _____

Home Phone _____

Child's Birth date: Month _____ Day _____ Year _____

APPLICANT MUST BE 2 YEARS AND 6 MONTHS OF AGE BY SEPTEMBER 1, 2019

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

List previous school experience: _____

List names and ages of siblings: _____

FOR OFFICE USE ONLY

Date received:

By:

Number:

Confirm sent: