

# 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, 2020

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: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_