

# John Adams High School

Accepted ( ) Rejected ( )  
Pending ( )

DATE: \_\_\_\_\_

New ( ) Readmit ( ) Trans ( ) Admissions Application

Referral: Y ( ) N ( )

ACP? Y ( ) N ( )

ISS: ROOM 134

1. Interview - Rm 104A

2. Guidance AP - Rm 106

3. Nurse's aide - Rm B3

4. Counselor - Rm

5. Attendance - Rm 104A

Interviewer: \_\_\_\_\_

**This must be filled out before student is programmed.**

To Be Completed by Applicant: OSIS #(9-digit # on disposition letter): \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_

Male/Female DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Proof: Y/N Home Telephone#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Proof: Y/N E-Mail: \_\_\_\_\_

Name of adult student lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name Of: \_\_\_\_\_ Lives With Student If "N" Address (w/legal proof): \_\_\_\_\_ Language  
Mother: \_\_\_\_\_ Y/N \_\_\_\_\_

Father: \_\_\_\_\_ Y/N \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Y/N \_\_\_\_\_

Mother /Guardian Cell# \_\_\_\_\_ Work# \_\_\_\_\_ E-Mail \_\_\_\_\_

Father / Guardian Cell# \_\_\_\_\_ Work# \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent's Location (if not present): \_\_\_\_\_ Relationship of adult w/student: \_\_\_\_\_

Child May Be Released To The Following People Who Are Over 21:

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_ Lives With Student  
Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Student Place of Birth ( GEO ) : \_\_\_\_\_ How many years has student been in U.S.? \_\_\_\_\_

Has student ever attended a NYC Public School? Y/N \_\_\_\_\_

## MEDICAL INFORMATION

Does you child have medical insurance? Y/N If Yes what kind: \_\_\_\_\_

Medical Warning (if any): \_\_\_\_\_ Vision Testing \_\_\_\_\_

Immunization Records Recieved: \_\_\_\_\_

**STUDENT MUST PROVIDE IMMUNIZATION RECORDS UPON ADMISSION. FAILURE TO COMPLY WITH IMMUNIZATION REQUIREMENTS WITHIN 14 DAYS OF ADMISSION WILL RESULT IN THE STUDENT BEING EXCLUDED FROM SCHOOL.**

LAST SCHOOL ATTENDED: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

\_\_\_\_\_ We give John Adams High School permission to request records from the student's former school.

\_\_\_\_\_ We have read the code of behavior and have been given a copy to take home, and agree to abide by these rules.

Parent/Legal Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

GUIDANCE COUNSELOR SIGNATURE \_\_\_\_\_ OFFICIAL CLASS

METRO CARD OFFICE - ROOM 152