



JMS Virtual Program

Student Application

Student's Name: _____ Student Grade _____

Student's Phone Number: _____ Student's Birthday: _____

Student's previous school _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Email: _____

Parent/Legal Guardian's Phone Number: _____

Why do you want to attend the JMS Virtual program? _____

Office use only

- Date received: _____
- Previous JMS student _____
- Initial meeting scheduled _____ (date/time)
- FAQ document sent to family _____