

# STUDENT + FAMILY FORM

JONES ACADEMY OF EXCELLENCE



## INTEREST FORM

Potential Student Name:

Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Grade Level for Upcoming School Year:

Freshman  Sophomore  Junior  Senior  First-Year Gap Student

Parent(s)/Guardian(s) Name(s):

## PERSONAL INFORMATION

Full Name :

Place Of Birth :  Date Of Birth : 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Full Address :

Gender :  Female  Male  Transgender  Non-binary/Non-conforming  Other

Nationality :  Zip Code :

Religion :  City / Country :

E-Mail :

Driver License :  Yes  No State ID :  Yes  No

This space is where you can share information on the section, such us: topic, discussion points, goals and activities.

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Signature Of Student

THANK YOU FOR YOUR INFORMATION

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## INTEREST FORM

In your own words, what are your concerns as it relates to your child/children?

Please complete the need assessment form on the next page.

## PERSONAL INFORMATION

Full Name :

Place Of Birth :  Date Of Birth :   
D D M M Y Y

Full Address :

Status :  Single  Married  Divorce  Others

Nationality :  Zip Code :

Religion :  City / Country :

E-Mail :

Driver License :  Yes  No Gender :  Male  Female

This space is where you can share information on the section, such us: topic, discussion points, goals and activities.

More Information :  
Jones Academy of Excellence  
773-708-2041  
Website

\_\_\_\_\_  
Signature Of Parent/Guardian

THANK YOU FOR YOUR INFORMATION

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## NEED ASSESSMENT FORM

Please identify you and your family needs as you see fit.

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What goals do you have for your child's education?

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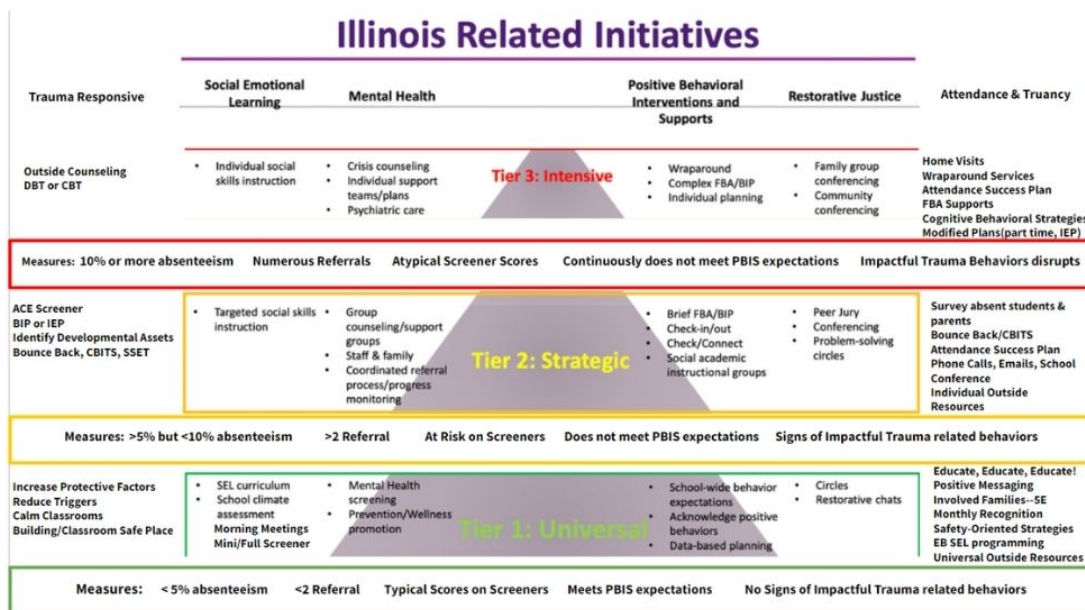
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On a scale of 1-5 (1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree) please answer the following:

- My child communicates and interacts with others. \_\_\_\_\_
- My child uses their cognitive learning skills. \_\_\_\_\_
- My child is socially, emotionally, and mentally healthy. \_\_\_\_\_

Note: Below is a diagram used to best determine the supports we will provide as an educational program compliments of Garrett Podgorski of South Cook Intermediate Service Center.



THANK YOU FOR YOUR INFORMATION