



Jefferson Christian Academy

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Student Name

Student Cell Number

DEAN'S INFORMATION FORM

Mother/Guardian's Name: _____

Cell Number: _____ Home Phone: _____ Work Phone: _____

Internet Access: _____ Yes _____ No Email Address: _____

Father/Guardian's Name: _____

Cell Number: _____ Home Phone: _____ Work Phone: _____

Internet Access: _____ Yes _____ No Email Address: _____

Student Lives with _____ **Both Parents** _____ **Mother** _____ **Father** _____ **Other:** _____

If not both parents:

Who has Legal Custody of Student? _____

Does either parent have no rights to the student and cannot check them out of the dorm?

List up to five people (and their cell phone number) that can check your student out of the dorm without a phone call to you:

Medical Conditions: (such as: wears glasses, ADHD, has seizures, etc.)

Any Prescription Medication that the student takes:

ALL Medications must be turned in to dean for dorm students and front office for village students. Faculty will confiscate all other medications. They will be kept in a "lock box" and must be checked out with the Dean or Office.