

2019-2020 JA Academy Student Introduction

Help us get to know you	better by completing the information in the blank spaces below!
Student Information	
Your Name	
Nickname	
Age	
Grade	
Student Cell Phone	
Student Email	
Middle School You Attended	
Your Zoned High School	
Parent Information	
Parent/Guardian Name	
Street Address	
City, State, Zip	
Home Phone	
Parent Cell Phone	
Parent Email	
All About You	
Favorite School Subjects	
Least Favorite School Subjects	
Sports you play	
Clubs you belong to	

All About You - Continued	
Organizations you belong to	
Volunteer / Community Work	
Hobbies / Interests	
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Part Time Job – Location, Title, # of Hours per week	
Best thing I can say about myself	
Something I would like to	
improve/change about myself	
My Short-term Goals	
My Long-term Goals	
Constant (D)	
Career Aspirations / Plans	
College / Post High School	
Plans	
What I hope to learn from the	
JA Academy	
In 100 words or less, shar	e more about who you are and the future you se

Complete and return this form to the JA Academy Office by August 19th.