



**JAKE'S  
ACADEMY OF PUBLIC SPEECH  
(An endeavor of J & S academy Inc.)**

P.O. Box 1551, WAPPINGERS FALLS, NY-12590  
Tel- (845)-596-5373, e-mail: [jakespeech@gmail.com](mailto:jakespeech@gmail.com)

**STUDENT( age 18 or below ) INFORMATION AND CONSENT FORM**

Name of the candidate \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade (completed at the time of admission): \_\_\_\_\_

Parent's / Guardian's name: Dad \_\_\_\_\_ Occupation: \_\_\_\_\_

Mom \_\_\_\_\_ Occupation \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail :( student) \_\_\_\_\_ (Parent): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Cell (Dad) \_\_\_\_\_ Cell (Mom) \_\_\_\_\_

**HAS THE STUDENT EVER TAKEN A PUBLIC SPEAKING COURSE BEFORE?**  
YES ( ) NO ( ); IF YES, WHERE AND WHEN?

\_\_\_\_\_

*WHAT OTHER CO-CURRICULAR ACTIVITIES DOES HE / SHE PARTICIPATES IN?*

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU COME TO KNOW OF JAPS?**  
( ) FLYER/ ( ) MEDIA/ Mr. /Mrs. /Miss \_\_\_\_\_

**The undersigned certify that we agree with the school policies, rules and fee schedule of *Jake's Academy of Public Speech.***

Signature of student: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of parent/ guardian: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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**FOR OFFICE USE ONLY:** \_\_\_\_\_ Date of Admission: \_\_\_\_\_

FIRST DAY EVALUATION : \_\_\_\_\_ Level: N / D / C- / C / C+ / B- / B / B+ / A- / A / A+

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_ [JAPS/OD-2/Rev.2009]

