Child's Application

The Alpha School

910 Alpha Drive, New Tazewell, Tennessee 37825 • Phone (423) 626-3323

Full Name of Child _____ Child's Birth Date _____

Social Security Number _____ What does child like to be called? _____

School Zone (school child would attend if riding a bus to school) _____

PARENT(S) / GUARDIAN(S) (Circle One):

Mother's Name _____

911 Address _____

City _____ St _____ Zip _____

Mailing Address (If different from above) _____

_____

City _____ St _____ Zip _____

Home Phone _____

Employer _____

Work Phone _____

Cell Phone _____

E-mail _____
(For school purposes only)

Father's Name _____

911 Address _____

City _____ St _____ Zip _____

Mailing Address (if different from above) _____

_____

City _____ St _____ Zip _____

Home Phone _____

Employer _____

Work Phone _____

Cell Phone _____

E-mail _____
(For school purposes only)

EMERGENCY INFORMATION (will be first person contacted if you cannot be reached):

Name of person, other than parent(s) or guardian(s), authorized to act in an emergency _____

Home Phone _____ Work Phone _____ Cell Phone _____

TRANSPORTATION PLAN:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. **(If we cannot reach you or your emergency contact, in case of an emergency, we will contact these people in order listed.)**

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____