

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 _____ Father's Name _____

911 Address _____ 911 Address _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Mailing Address (If different from above) _____ Mailing Address (if different from above) _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

(For school purposes only)

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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 _____