



Smithson Craighead Academy

Sponsored by Project Reflect, Inc.

Enrollment Application

730 Neely's Bend Road, Madison, TN 37115

(615) 228-9886 phone (615) 865-6308 fax

www.smithsoncraighead.org

School Year Applying for: _____

PLEASE PRINT Date Received (Office Use Only): _____ Teacher: _____

Student's Social Security Number _____ Student ID Number _____

Student's Last Name

First Name

Middle Name

Race (check only one): Asian Hispanic Indian (American)
 Pacific Islander White Black

Sex _____ Date of Birth _____ Home Phone _____ Student's Grade for the 2017-2018 school year _____

Student's City of Birth _____ Student's County of Birth _____ Student's State of Birth _____ Student's Country of Birth _____

Student's Previous School (include Pre-School, Head Start, etc.) _____

Name of Mother/Legal Guardian _____

Mother's Maiden Last Name _____

Daytime Phone _____ Cell Phone _____ E-mail Address: _____

Legal Home Address _____ Apt. Number _____

City _____ State _____ Zip _____

Name of Father/Legal Guardian _____

Daytime Phone _____ Cell Phone _____ E-mail Address: _____

List any known allergies: _____

How did you hear about Smithson Craighead Academy? _____

Required Emergency Contact Information (List anyone who has permission to pick your child up from school):

Name of Contact #1	Phone Number(s)	Relationship
Name of Contact #2	Phone Number(s)	Relationship

Will your child need transportation? Yes or NO (Please circle your choice.)

For all bus riders: we ask that parents or guardians be responsible for receiving the students at the bus stop once they are dropped off. Transportation changes must be made in writing and received in the front office 3 days in advance. Home address location, with daycare exceptions.

LIABILITY WAIVER

I, _____, LEGAL GUARDIAN, DECLARE MY CHOICE FOR MY CHILD TO ATTEND SMITHSON CRAIGHEAD ACADEMY FOR THE 2017-2018 SCHOOL YEAR. I GIVE PERMISSION TO SMITHSON CRAIGHEAD ACADEMY STAFF TO: 1) VIEW ALL RECORDS CONCERNING MY CHILD, 2) TO PHOTOGRAPH MY CHILD AND TO USE THOSE PHOTOGRAPHS FOR PUBLICITY PURPOSES, 3) TO ATTEND ALL FIELD TRIPS AWAY FROM SCHOOL PROPERTY WHILE TRAVELING BY SCHOOL BUS, 4) RELEASE SMITHSON CRAIGHEAD ACADEMY STAFF, TEACHERS, PROJECT REFLECT, OF ALL LIABILITIES.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____