

**Knoxville Adventist School Application**

3615 Kingston Pike, Knoxville, TN 37919

Telephone: (865) 522-9929, Fax: (865) 522-8263

Email: knoxvilleadventistschool@gmail.com

Website: knoxvilleadventistschool.org

Pupil’s Legal Name: Last       First       Middle       Nickname       Sex:

Date of Birth (Mo./Da./Yr.):       Birthplace: City       State       Grade  Ethnicity: Click or tap here to enter text.

Home Address: Street       City       State      Zip       Home Telephone:

Other Persons living with family (not including siblings):

Name:

Relation to Child:

Name:

|  |  |  |
| --- | --- | --- |
| **Family Information** | **Father/Guardian** | **Mother/Guardian** |
| Full Name |       |       |
| Check one | [ ] Natural[ ] Step[ ] Adoptive[ ] Foster | [ ] Natural[ ] Step[ ] Adoptive[ ] Foster |
| Home Address |       |       |
| Home Phone # |       |       |
| Cell# (Check box if you can rec. txt messages) | Yes\* [ ]        | Yes\* [ ]         |
| Email Address |       |       |
| Occupation |       |       |
| Education Degree |       |       |
| Employer |       |       |
| Business Ph. # |       |       |
| Birth Date |       |       |
| Birth Place |       |       |
| U.S. Citizen | Yes [ ] No[ ] Other:      | Yes[ ] No[ ] Other:      |
| SDA Member | Yes [ ] No[ ] Other:      | Yes[ ] No[ ] Other:      |
| Marital Status | Mar.[ ] Div.[ ] Other:      | Mar.[ ] Div.[ ] Other:      |

Relation to Child:

Name:

Relation to Child:

\*If marked yes, you are opting to receive text messages that will contain important information concerning KAS.

Children in family, listed in order of birth including this child:

 Church Child Attends:

 Click or tap here to enter text.

 Denomination:

|  |  |  |  |
| --- | --- | --- | --- |
| Names | Living at Home | Sex | Birthdate |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |
|       |  |  |       |

 Child’s Baptism:

 Place:

 Date:

 Age:

Person to notify in emergency (other than parents): Contact #1      Ph. #

 Contact #2      Ph. #

*Physician’s name & number* to call in an emergency: Name       Ph. #

Has student ever been suspended or expelled from any school?  If yes, explain (send email to above address if more room is needed).

Eighth Grade Diploma Date:       Eighth Grade Certificate Date:

We understand the requirements and regulations of the school and pledge our full cooperation. By typing your name below, it is acting as your signature.

Signed: Pupil’s Name       Parent/Guardian’s Name       Date: