



# 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 \_\_\_\_\_ Sex: F M  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Mo. / Da. / Yr. City State

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Street City State Zip

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

Other Persons living with family (not including siblings):

Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_

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:

Names	Living at Home	Sex	Birthdate

Church Child Attends:

Denomination: \_\_\_\_\_

Child's Baptism:

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Person to notify in emergency: (other than parents): Contact #1 \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact #2 \_\_\_\_\_ Telephone# \_\_\_\_\_

Physician's name & number to call in an emergency: \_\_\_\_\_

Has student ever been suspended or expelled from any school? \_\_\_\_\_ If yes, explain (attach paper if necessary) \_\_\_\_\_

Eighth Grade Diploma Date: \_\_\_\_\_ Eighth Grade Certificate Date: \_\_\_\_\_

We understand the requirements and regulations of the school and pledge our full cooperation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Pupil

Parent or Guardian