

**Knoxville Adventist School Application**

3615 Kingston Pike, Knoxville, TN 37919

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

Email: [knoxvilleadventistschool@gmail.com](mailto: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 | NaturalStepAdoptiveFoster | NaturalStepAdoptiveFoster |
| 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 NoOther: | YesNoOther: |
| SDA Member | Yes NoOther: | YesNoOther: |
| 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: