

Atholton Adventist Academy Application/Registration Form

6520 Martin Road
Columbia, MD 21044
410-740-2425 phone
410-740-2545 fax
office@atholton.us

Date:

| | | |
|--------------------------|--|--------------------------|
| Student Full Legal Name: | Student Home Address: | |
| Birthdate: | | |
| Social Security #: | Billing Address (if different from above): | |
| Home Phone: | | |
| E-mail Address: | Gender: | Grade Entering: |
| City of Birth: | Student SDA baptized? | Date of child's baptism: |
| State of Birth: | First Language: | |

| Information | Father or Guardian | Mother or Guardian |
|------------------------|--------------------|--------------------|
| Name | | |
| Home Address | | |
| E-mail Address | | |
| Marital Status | | |
| Religious Affiliation | | |
| Church Membership | | |
| Social Security Number | | |
| Home Phone | | |
| Cell Phone | | |
| Occupation | | |
| Company Name | | |
| Work Phone | | |
| U.S. Citizen | | |

Person (other than parent/guardian) to notify in event of an emergency, and individuals authorized to pick up my child:

| Name | Phone | Relationship to Student | Emergency contact? | Pick-up authorization? |
|------|----------------|-------------------------|--------------------|------------------------|
| 1. | h- c- w- | | Yes No | Yes No |
| 2. | h- c- w- | | Yes No | Yes No |
| 3. | h- c- w- | | Yes No | Yes No |

My child will go to and from school: Walk Bicycle Family Car Car Pool

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date