

# 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](http://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 \_\_\_\_\_

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 only, with daycare exceptions.

**LIABILITY WAIVER**

I, \_\_\_\_\_, LEGAL GUARDIAN, DECLARE MY CHOICE FOR MY CHILD TO ATTEND SMITHSON CRAIGHEAD ACADEMY. 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 \_\_\_\_\_