

APPLICATION FOR ADMISSION
Azalea City Christian Child Development Center
3550 Schillinger Road North
Semmes, Alabama 36575
Phone: 649-5437

(Include Recent Photo)

Application Date: _____

Admission Date: _____

Student's Name: _____
First Middle Last (Name Used)

Student's Address: _____

Race ___ M ___ F ___ Birth Date _____ Age on September 1 ___ yr. ___ Mths.

Social Security No. _____

Name of ___ Father ___ Guardian _____ Living ___ Deceased ___

Occupation Employer Business Phone

Name of ___ Mother ___ Guardian _____ Living ___ Deceased ___

Occupation Employer Business Phone

Are parents divorced? ___ Separated? ___ With whom does child live? _____

Maternal Grandparents: _____

Name Address Phone

Paternal Grandparents: _____

Name Address Phone

Father's Religious Preference _____ Member? _____

Mother's Religious Preference _____ Member? _____

Member of what congregation? _____

Formal Education of Parents:

Father: High School grades Completed ___ No. of years college ___ Highest Degree ___

Mother: High School grades Completed ___ No. of years college ___ Highest Degree ___

Brothers and Sisters:

<u>Name</u>	<u>Age</u>	<u>School Attending</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List in chronological order all schools/child development centers attended:

<u>Name of School</u>	<u>Address</u>	<u>Date Attended</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Reference: _____ Phone: _____

List any physical, mental or emotional conditions of which the administration should be aware: _____

State briefly reasons for changing schools, if you are transferring: _____

Has your child ever been suspended/dismissed from any school? _____

How was Azalea City Christian School recommended to you? _____

A registration fee of \$100 will be due at the time of acceptance. (Non-refundable)

If my child is accepted, I agree to keep my account current. I certify that no information relevant to my child's admission has been withheld and I agree to the terms of this application and to the policy of the school.

(Signature of Parent or Guardian)

(Person Responsible for Account)

(Date)