

Phone: (478) 625-8861

THOMAS JEFFERSON ACADEMY, INC.

Application for Admission

2264 Highway 1, North Louisville, GA 30434

Louis	ville, GA 30434			Fax: (478) 625-9196
Date					
Stude	ent Name			Ent	ering Grade
	(Last)	(First)	(Mic	ddle)	
Sex_	Date of Birth	Age	SS#		
Fathe	er's Name			Livin	g? Yes () No ()
	Mailing address				
	Residence address				
	City	State	Zip Code _		
	Home phone		Cell phone		
	Cell phone carrier				
	E-mail				
	Employment	Work Phone		Work Phone	
Mother's Name				Living	g? Yes () No ()
	Mailing address				
	Residence address				
	City	State	Zip Code _		
	Home phone		Cell phone		
	Cell phone carrier				
	E-mail				
	Employment		Work Phone		
School last attended			School Phone		
	Mailing address		City	State _	Zip

phone number	
4 Requirements:	
· · · · · · · · · · · · · · · · · · ·	Card
	otocopy of SS Card
nbors, etc.)	
RelationPhone	
RelationPhone RelationPhone	
ice —	on file for your child entering K-3, the Health Department or your Physical Requirements: ion Form # 3231, Photocopy of SS Requirements: munization Form # 3231 and Dental Screening Form # 3300, Photocopy is numbers: