



THOMAS JEFFERSON ACADEMY, INC.
AFTER SCHOOL PROGRAM
Application of Admission

2264 Highway 1 North
Louisville, GA 30434

Phone: (478)625-8861

Student Name _____ Entering Grade _____
(Last) (First) (Middle)

Sex _____ Birth Date _____ Age _____ SS# _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Occupation _____ Firm _____ Work Phone _____

Mother's Name _____ Living? Yes () No ()

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Occupation _____ Firm _____ Work Phone _____

Physical/Medical Disability: Yes () No () Explain _____

Any Known Allergies? _____

Family Physician _____ City _____ State _____ Zip _____

Emergency names and numbers (relatives, neighbors, etc.)

1. _____ Relation _____ Phone _____
2. _____ Relation _____ Phone _____
3. _____ Relation _____ Phone _____