



THOMAS JEFFERSON ACADEMY, INC.
PRESCHOOL PROGRAM
Application of Admission

2264 Highway 1 North
Louisville, GA 30434

Phone: (478)625-8861
Fax: (478) 625-9196

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 _____

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

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 _____

Name of person(s) to whom the child may be released

Name _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Name _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Name _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Name _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Name _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

*We need the following documents on file for your child entering K-3, K-4.
These may be obtained from the Health Department or your Physician.*

K-3 & K-4 Requirements:

Birth Certificate & Immunization Form # 3231, Photocopy of SS Card