



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 \_\_\_\_\_

Father'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 \_\_\_\_\_