



THOMAS JEFFERSON ACADEMY, INC.

Application for Admission

2264 Highway 1, North
Louisville, GA 30434

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

Date _____

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

Sex _____ Date of Birth _____ Age _____ SS# _____

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

Mailing address _____

Residence address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Cell phone carrier _____

E-mail _____

Employment _____ Work Phone _____

Mother's Name _____ Living? 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 _____

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

Any Known Allergies? _____

Family Physician _____ phone number _____

City _____ State ____ Zip _____

*We need the following documents on file for your child entering K-3, K-4 or K-5.
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 **K-5**

Requirements:

Birth Certificate, Immunization Form # 3231 and
Georgia Certificate of Hearing, Vision and Dental Screening Form # 3300, Photocopy of SS Card

List Grandparents' names, addresses, and phone numbers:

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

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

Answer **Yes** or **No** to each of the following: **If yes, explain on the back**

Has the student ever been: 1. In house suspension ____ 2. Suspended ____
3. Expelled ____ 4. Withdrawn from a school ____ 5.
Alternative School ____