

Application for Admission

SEYMOUR COMMUNITY CHRISTIAN SCHOOL

P.O. Box 849
 994 S. Old Sevierville Pike
 Seymour, TN 37865
 Phone: (865) 577-5500
 Fax: (865) 577-2646

FOR OFFICE USE ONLY	
Date Received	_____
Fees Paid	_____
Immunization Records	_____
Medical Report	_____
Birth Certificate	_____
Medicine Release	_____
Transcripts Requested	_____
Transcripts Received	_____
Accepted	_____
Rejected	_____
Waiting List	_____

NOTE: It is understood that the school has a right to accept or reject a student, as it deems advisable.

(Please Print or Type)

Student's Name _____ SS# _____ Sex _____
 Full Address _____ County _____ Zip _____
 Birth Date _____ Birthplace _____ Year Entering: 20____ - 20____ school year
 Any serious physical disability or handicap? _____ If so, explain. _____

Has the child ever been treated for any nervous, mental, or emotional disorder? _____ If so, for how long a period? _____ When? _____ Give name of attending physician _____
 Name of Previous School _____ Address _____

Parental Information – Please fill out completely.

Marital Status Married (Living Together) ____ Divorced ____ Separated ____
 Father Deceased ____ Remarried ____
 Mother Deceased ____ Remarried ____
Child Lives With: Both Parents ____ Father ____ Mother ____ Guardian ____

Father's Name _____ Occupation _____
 Address _____ Business Address _____
 Home Phone# _____ Work Phone # _____
 Email _____ Cell Phone # _____

Mother's Name _____ Occupation _____
 Address _____ Business Address _____
 Home Phone # _____ Work Phone # _____
 Email _____ Cell Phone # _____

Church Affiliation _____ Attend Regularly? _____
 Name of Pastor _____ Address _____

Entering Grade (Please Circle)	Kindergarten	First	Second	Third	Fourth	Fifth	Sixth
	Seventh	Eighth	Ninth	Tenth	Eleventh	Twelfth	

Please give three references with complete name and addresses – Please fill out completely:

IN CASE OF EMERGENCY:

Person to be called in case of emergency _____ Phone: _____
Relationship to the student _____ Cell: _____
Pager: _____

In case of emergency, I want my child taken to _____ hospital for treatment. We will naturally call the parent in case of an emergency before we do anything. However, we need to know what to do in the event neither parent can be reached.

PLEASE CHECK ONE: The school has permission to:

_____ Take my child to the above named hospital and continue calling until I am reached.

_____ Keep my child at school until I am reached. Do not take (him/her) to the hospital.

IF YOU HAVE A PREFERENCE as to the doctor who should be called (if he can be reached) please indicate:

_____ Phone: _____
_____ Parent or Guardian Signature

PICK UP AUTHORIZATION: Please list the names and phone numbers of persons who are authorized to pick up your child from school.

Name:

Relationship: _____ Phone: _____

Name:

Relationship: _____ Phone: _____

IF THE FOLLOWING APPLIES TO THE STUDENT, PLEASE FILL OUT:
(In either case, please submit to us in writing with documentation to make clear what is permissible.)

_____ My child **does** have permission to go with the non-custodial parent at any time.

_____ My child **does not** have permission to go with the non-custodial parent at any time.

AGREEMENT OF CO-OPERATION:

- As the parent (or guardian) of the above applicant, I agree to co-operate with SEYMOUR COMMUNITY CHRISTIAN SCHOOL in the enforcement of the disciplinary rules and regulations of the institution and to meet the terms of the agreement about expenses and business details as outlined by the school.
- I also agree to give my permission for my child to go on field trips and school trips and will not hold the school or any person responsible in case of an accident. This includes all carpools as well as buses and vans.
- Before a student can begin classes at SEYMOUR COMMUNITY CHRISTIAN SCHOOL, the following must be on file at the school: All application information, tuition contract, student transcripts, registration, book, and activity fees, and a complete Tennessee School Immunization Certificate.

(Signature)

(Relationship to the Student)

(Social Security Number)