

ATHOLTON ADVENTIST ACADEMY APPLICATION/REGISTRATION FORM 2009-2010

6520 Martin Road
Columbia, MD 21044
410-740-2425 phone
410-740-2545 fax
office@atholton.us

Student's Full Legal Name:	Grade Entering:
	Gender:
Student Home Address:	Date of Birth:
	City of Birth:
Home Phone:	State of Birth:
Student e-mail address:	Social Security #
Billing Address (if different from above):	Student SDA baptized?
	Date of child's baptism:
	First Language:

Information	Father	Mother	or Guardian
Name			
Home Address			
Marital Status			
Religious Affiliation			
Church Membership			
Social Security Number			
Home Phone			
Cell Phone			
E-mail address			
Beeper #			
Occupation			
Company Name			
Work Phone			
U.S. Citizen			

**Person (other than parent/guardian) to notify in event of an emergency,
and individuals authorized to pick up my child:**

Name	Phone	Relationship to Student	Emergency contact?	Pick-up authorization?
1.	h- w- c-		Yes No	Yes No
2.	h- w- c-		Yes No	Yes No
3.	h- w- c-		Yes No	Yes No

My child will go to and from school: Walk Bicycle Family Car Car Pool

Information Confirmation:

- I have received and agree to abide by the procedures stated in the school handbook and agree to the terms contained therein. Rules and policies announced by the administration during the school year will take precedence over statements previously printed in the handbook.
- I also accept the financial responsibilities as outlined on the financial forms.
- I have read, understand, and agree to abide by the AAA Before and After School Care Program (BASC) policies. I understand that I will be charged only for the time that I actually use BASC services and agree to pay for all services rendered to my child by the BASC program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date