

ATHOLTON ADVENTIST ACADEMY

REGISTRATION FORM

2010-2011

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

Student 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 or Guardian	Mother or Guardian
Name		
Home Address		
Marital Status		
Religious Affiliation		
Church Membership		
Social Security Number		
Home Phone		
Cell Phone		
E-mail address		
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- c- w-		Yes No	Yes No
2.	h- c- w-		Yes No	Yes No
3.	h- c- w-		Yes No	Yes No

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

Information Conformation:

- 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