



2150 Kingston Hwy, Kingston, TN 37763

2025-2026

STUDENT ENROLLMENT FORM

Applying for Grade _____

Student Information

Last Name _____ First Name _____

Middle Name _____ Preferred Name _____

Home Address _____

Date of Birth _____ Social Security # _____

Male _____ Female _____

Parent Information

Father's Name _____ Cell _____

Email _____

Mother's Name _____ Cell _____

Email _____

Medical information

Does this student have any medical conditions? YES _____ NO _____

If yes, please describe _____

Emergency Contacts

Only parents/guardians listed above and individuals listed below may check out your child.

Contact #1

Contact #2

Name _____ Name _____

Phone # _____ Phone # _____

Relationship to Child _____ Relationship to Child _____

Contact #3

Contact #4

Name _____ Name _____

Phone # _____ Phone # _____

Relationship to Child _____ Relationship to Child _____

Emergency contacts must be 18 or older and must provide ID when picking the child up.

School Information

Last School Attended _____

City _____ State _____

Has the student ever been enrolled in a Special Education/Resource/504/Gifted Program? _____

If yes, what type of program/services? _____

Where? _____ When? _____

Is this student currently under suspension/expulsion from another school? _____

If yes, what school? _____

Spiritual Information

What church does the child attend? _____