



# Smithson Craighead Academy

Sponsored by Project Reflect, Inc.  
2015-2016 Enrollment Application  
730 Neely's Bend Road, Madison TN 37115  
(615) 228-9886 phone (615) 865-6308 fax

[www.smithsoncraighead.org](http://www.smithsoncraighead.org)

PLEASE PRINT

Date Received (Office Use Only): No. \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Social Security Number _____		Student ID Number _____	
Student's Last Name _____		First Name _____	Middle Name _____
Race (check only one): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian (American)			
<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White			
Sex _____	Date of Birth _____	Home Phone _____	Student's Grade for the 2015-2016 school year _____
Student's City of Birth _____	Student's County of Birth _____	Student's State of Birth _____	Student's Country of Birth _____
Student's Previous School (include Pre-School, Head Start, etc.) _____			
Name of Mother/Legal Guardian _____			
Mother's Maiden Last Name _____			
Daytime Phone _____	Cell Phone _____	E-mail Address: _____	
Legal Home Address _____		Apt. Number _____	
City _____	State _____	Zip _____	
Name of Father/Legal Guardian _____			
Daytime Phone _____	Cell Phone _____	E-mail Address: _____	

List any known allergies: \_\_\_\_\_

How did you hear about Smithson Craighead Academy? \_\_\_\_\_

**Required Emergency Contact Information (List anyone who has permission to pick your child up from school):**

Name of Contact #1	Phone Number(s)	Relationship
Name of Contact #2	Phone Number(s)	Relationship

Will your child need transportation? If yes, the pickup location is \_\_\_\_\_ and the drop off location is \_\_\_\_\_

FOR ALL BUS RIDERS: WE ASK THAT PARENTS OR GUARDIANS BE RESPONSIBLE FOR RECEIVING THE STUDENTS AT THE BUS STOP ONCE THEY ARE DROPPED OFF.

TRANSPORTATION CHANGES MUST BE MADE IN WRITING AND RECEIVED IN THE FRONT OFFICE 3 DAYS IN ADVANCE.

**LIABILITY WAIVER**

I, \_\_\_\_\_, legal guardian, declare my choice for my child to attend Smithson Craighead Academy for the 2015-2016 school year. I give permission to Smithson Craighead Academy staff to: 1) view all records concerning my child, 2) to photograph my child and to use those photographs for publicity purposes, 3) to attend all field trips away from school property while traveling by school bus.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_