



ATHENS BIBLE SCHOOL

Student and Family Information Sheet

507 Hoffman Street Athens, AL 35611 256-232-3525 Fax: 256-232-5417

"A Better Education on a Better Foundation"

In order to register your child, please follow these steps:

1. Complete this form in its entirety.
2. Return this form along with a signed tuition agreement/payment plan and \$100 registration fee, per child, by June 15.
3. **For new students:** Before the first day of school, a student must submit the following items.
 - a. The student's certified birth certificate, social security card and blue immunization certificate must be submitted. The birth certificate and social security card will be returned. These records will be placed in the student's personal file in the counselor's office.
 - b. A recent photograph that can be filed with your school records.

Parent/Guardian Information

Name(s) _____ Home phone _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Father's full name _____ Social Security # _____ - _____ - _____

Father's work phone _____ - _____ - _____ Cell phone _____ - _____ - _____ Email _____

Father's Occupation _____ Place of Employment _____

Mother's full name _____ Social Security # _____ - _____ - _____

Mother's work phone _____ - _____ - _____ Cell phone _____ - _____ - _____ Email _____

Mother's Occupation _____ Place of Employment _____

In what public school district does the student currently live (Athens High, Cowart Elementary, Elkmont, etc) _____

Student Information

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

Full Name: _____ Grade _____ Date of Birth ____/____/____ SS# _____ - _____ - _____
First Middle Last

In the case of emergency, does the school have authority to seek medical treatment for your child? Yes _____ No _____

Name of Doctor/Facility _____ City _____ Phone # _____

Emergency Contacts (In the case that the parents cannot be reached)

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

If we dismiss early for inclement weather and neither you nor the emergency contacts can be reached, what do you desire your child to do?

Signature Required

If possible, we request that both parents sign this form acknowledging that the information above is accurate.

Father's Signature

Mother's Signature