



APOSTOLIC CHRISTIAN SCHOOL

5020 Pleasant Ridge Road

Knoxville, TN 37912

STUDENT INFORMATION RECORD

...they shall mount up with wings as eagles...

SCHOOL

YEAR: _____

STUDENT PERSONAL INFORMATION

Student Name

_____ Last _____ First _____ Middle _____ Suffix (Jr.) _____

Address

_____ Street or Route _____ City _____ Zip _____

Telephone

_____ Social Security Number _____

Birth Date

_____ / _____ / _____ Age _____ Gender _____
Month Day Year

ACADEMIC HISTORY

Last School Attended, if other than Apostolic Christian School _____

What Grade? _____

Has child failed? _____

If so, what grade? _____

MEDICAL INFORMATION

List any physical difficulties or conditions, including allergies: _____

Child's Physician _____

Telephone _____

PARENT/GUARDIAN INFORMATION

Father's Name _____

Cell # _____

Employer _____

Phone _____

Email _____

Mother's Name _____

Cell# _____

Employer _____

Phone _____

Email _____

EMERGENCY CONTACT

Person to contact in an emergency, (other than parents) _____

Phone _____

OTHER INFORMATION

Church you now attend _____

Reason(s) for selecting Apostolic Christian School _____

FOR SCHOOL USE ONLY	
Registration Paid	_____
Grade Level	_____
* Birth Certificate	_____
* Immunization Record	_____
* Prior School Record (if applicable)	_____
* Prerequisite for admission to ACS	