



# Lithonia Adventist Academy

## Teacher's Registration Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Phone#: \_\_\_\_\_ Social Security # \_\_\_\_\_

Known Allergies: \_\_\_\_\_

### Parental Information:

\_\_\_ 1<sup>st</sup> Lithonia SDA Member      \_\_\_ Non Lithonia SDA      \_\_\_ Non SDA

Mother's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact:

(1) \_\_\_\_\_ (Phone) \_\_\_\_\_

(2) \_\_\_\_\_ (Phone) \_\_\_\_\_

### Student Release to (other than parent)

(1) \_\_\_\_\_ (Phone) \_\_\_\_\_

(2) \_\_\_\_\_ (Phone) \_\_\_\_\_

(3) \_\_\_\_\_ (Phone) \_\_\_\_\_

(4) \_\_\_\_\_ (Phone) \_\_\_\_\_

Parent Signature: \_\_\_\_\_