



ATHENS BIBLE SCHOOL

Student and Family Information

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

"A Better Education on a Better Foundation"

Parent/Guardian Information

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

Address _____ City _____ State _____ Zip _____

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

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

Father's Occupation _____ Place of Employment _____

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

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

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