



Jackson Christian School

1490 Campbell Street
Jackson, Tennessee 38305
731-427-9593



PRESCHOOL APPLICATION FOR ADMISSION

Name of Child _____ Name Child is Called _____
Last First Middle

Address _____
Street City State Zip Code

For School Year 20__ - ____ Phone _____

Date of Admission _____ Age _____ Date of Birth _____ Race _____ Sex _____

Transportation Plan - Please list other adults to whom your child may be released or who are authorized to provide transportation for your child: _____

Please list anyone who may **not** pick up your child _____

Emergency Information: Person authorized to act for parent in an emergency

Name _____ Address _____

Home Phone _____ Employer _____ Work Phone _____

Physician _____ Address _____ Phone _____

FATHER (Guardian)

MOTHER (Guardian)

Name _____

Occupation _____

Employer _____

Phone At Work _____

Work Hours _____

With whom does student live? (circle) Father, Mother, Other _____

Church Affiliation of Parents _____

Name of Congregation Attended _____

Explain health problems of student (allergies, etc.) _____

Relatives Attending JCS _____

Paternal Grandparents

Maternal Grandparents

Name _____

Address _____

Phone _____

Background Information:

Names of Other children in Family

Birthdate

School

Experience With Others:

What are some ways in which child plays at home? _____