

ANDREW JACKSON ACADEMY

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Entering Grade (Circle): K 1 2 3 4 5 6 7 8 9 10 11 12

Full Name:

Preferred Name:

Sex (Circle): Female Male

Social Security:

Date of Birth:

Allergies/Medications:

Learning Difficulties/Disabilities:

GUARDIAN INFORMATION

Relationship to Student (Circle): Parent Step-Parent Grandparent Guardian Other:

Full Name:

Address:

City:

State:

Zip:

Phone:

Email:

GUARDIAN INFORMATION

Relationship to Student (Circle): Parent Step-Parent Grandparent Guardian Other:

Full Name:

Address:

City:

State:

Zip:

Phone:

Email:

GUARANTOR INFORMATION

Relationship to Student (Circle): Parent Step-Parent Grandparent Guardian Other:

Full Name:

Address:

City:

State:

Zip:

Phone:

Email:

Your signature below indicates that you have read, understand, and agree to the terms and conditions of enrollment outlined in the school handbook.

Signature: _____ Date: _____

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