



SPARTA ACADEMY

300 Pierce Street
Evergreen, AL 36401

STUDENT APPLICATION/REGISTRATON FORM

Date _____

Pupil's Name _____
Last First Middle

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Birth Date _____ Place of Birth _____
City State

Father's Name _____
Last First Middle

Father's Occupation & Firm _____ Bus. Phone _____

Mother's Name _____
Last First Middle

Mother's Occupation & Firm _____ Bus. Phone _____

Residence Phone _____

***If residing with someone other than parents, please give following:

Name of person _____ Relation _____

Applicant's Church Affiliation _____

Name and Address of Pupil's Doctor: (please list 1st and 2nd choice)

1. _____ Phone _____
Name Address

2. _____ Phone _____
Name Address

In case of emergency and parents cannot be reached, the following person should be contacted:

Name _____ Address _____

Relation _____ Phone _____

Financial (bank) reference _____

_____ Street or Route City State Zip

**From what school may student's records be obtained:

Name of school _____
Street City State Zip

Principal _____

Student's present grade _____

Has the student applying ever failed a grade? _____

If so, what grade(s)? _____

Has the student applying ever been suspended or expelled from school? _____

If yes, please explain: _____

Has the student applying ever been a drug or alcohol user, or been in a drug or alcohol
rehabilitation program? _____ If yes, please explain: _____

If you choose to pay tuition monthly, the cost will be prorated. If a student is withdrawn before the end of the school year, the parents will owe the pro rata amount based on the percentage of the nine (9) month school year attended.

Date

Student Social Security #

Student's Signature

*Parent Signature

*Parent Signature

*Both parents must sign