

Date: _____

Homeroom Teacher _____

Alexander City



21st Century Community Learning Center



Jim Pearson

Tracy Teel
tteel@acsk12.net
(256) 750-2852

Stephens Elementary

Lysa Gordon
lgordon@acsk12.net
(256) 749-6813

Radney Elementary

Julie Goree
jgoree@acsk12.net
(334) 332-6213

Hours of Operation: After School 2:30 PM-5:30 PM

Student Information:

Last Name _____ First Name _____ Middle Name _____

Gender Male Female Grade _____ Birth Date _____

Physical (911) Address _____ City _____ Zip _____

Mailing Address (If different from Physical) _____ City _____ Zip _____

Sibling to: _____

Parent/Guardian: (Please provide copy of court order if applicable)

Mother/Guardian's Last Name _____ First Name _____

Physical (911) Address _____ City _____ Zip _____

Employer _____ Phone # _____

Home Telephone # _____ Cell Phone # _____

Valid Email Address _____

Father/Guardian's Last Name _____ First Name _____

Physical (911) Address _____ City _____ Zip _____

Employer _____ Phone # _____

Home Telephone # _____ Cell Phone # _____

Valid Email Address _____

Emergency: In the event of an emergency, school personnel may be required to obtain medical attention for your child. In such a case, you will be required to assume financial responsibility for the medical attention provided. In some cases personnel may be able to secure emergency medical attention through your family doctor. Please list your family doctor's name and telephone number.

Doctor Name _____ Number _____

Medical Conditions to note (including allergies) _____

These people have permission to check my child out of school (List name and Relationship)

- 1. _____ Relationship _____
- 2. _____ Relationship _____
- 3. _____ Relationship _____
- 4. _____ Relationship _____

It is the policy of the Alexander City Board of Education that no person, on the grounds of race, color, handicap, sex, religion, creed, national origin or age be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program, activity or employment.

Parent Signature

Date