TIPTON ACADEMY

Last Name:	First Name:				
Address:					
	H	City	State	Zip	
Work Number:	umber: Relationship to Student:				
Father/ Guardian	Information				
Last Name:	First Name:				
Address:					
	Home	City	State	•	
Work Number:	Relationship t	o Student:			
	LIST OTHER CHI	ILDREN IN THE FAMILY			
NAME	DATE OF BIRTH	DATE OF BIRTH GRADE		SCHOOL ATTENDING	
	_				
	_				
TITH WHOM DOES THE CHIL	.D RESIDE? Both Parents	Mother	Father	 Guardian	
Stepmother					
	Own HomeRenting	g Home Living wit	:h another family	due to financial	
asons			·		
CarMotel/Hote	el Campsite/Trailer				
	on information is grounds for	r immediate removal of tl	he child from Tip	ton Academy. I atte	
at the above information is	accurate and complete to the	e best of my knowledge.			
Signature of Parent o	r Guardian Enrolling Student:	:			
0.8					