ZION TEMPLE CHRISTIAN ACADEMY
TEACHER INFORMATION CARD/B & ASW 2010/2011
(CARBONLESS COPY - PLEASE PRESS DOWN FIRMLY AND PRINT CLEARLY)

Name: _____ Grade applying for: _____
Last First Middle

Address: _____ Phone: _____

Age ( ) _____ Place of Birth: _____ Male____ Female____
Date of Birth (mm/dd/yy)

Will your child (ren) be in the Before School Watch? Yes___ No___ After School Watch? Yes___ No___

Child's Physician: _____ Phone _____ School Ins. _____

Any physical difficulties: _____

Last School Attended: _____

Circle grades previously attended at this school: K3 K4 K5 1st 2nd 3rd 4th 5th 6th
Has child attended a Special Education Program or been recommended for one? Yes_____ No_____
Grades have been: Superior ( ) Above Average ( ) Average ( ) Below Average ( ) Child has failed ( )

Name and grades of other children attending this school: _____

_____

Church you now attend: _____ Attend Sunday school? _____

Father's Name: _____ Employer: _____ Phone: _____

Father's Email Address: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____ Phone: _____

Mother's Email Address: _____ Cell Phone: _____

If parents are separated, with whom does the child reside? _____

Emergency Contact: _____

Additional Information that would be helpful to the teacher: _____

_____

PLEASE LIST NAMES OF EVERYONE ALLOWED TO PICK UP YOUR CHILD.

NAME	PHONE NUMBER	NAME	PHONE NUMBER

If there is information that needs to be added on this form, please add to duplicate also. Please see office and teacher(s).