



Calhoun Academy
OF
Calhoun Educational Foundation, Inc.
P.O. Drawer C
Calhoun City, Mississippi 38916
662.412.2084 cougars1@brucetelephone.com

2020-2021
Registration Information

Student Information

Last Name: _____ First Name: _____ M/I: _____ Goes by: _____
SSN: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Age: _____ Gender: ☐ Male ☐ Female
Address: _____ Home Phone: _____
School Last Attended: _____ Cell Phone: _____

Circle the grade level the student will be entering

K3 K4 K5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Parent/Guardian Information #1

Last Name: _____ First Name: _____ M/I: _____ Goes by: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Lives with Student: ☐ Yes ☐ No
Place of Employment: _____ Work Phone: _____
Relation to Student: _____ Responsible for Tuition: ☐ Yes ☐ No

Parent/Guardian Information #2

Last Name: _____ First Name: _____ M/I: _____ Goes by: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Lives with Student: ☐ Yes ☐ No
Place of Employment: _____ Work Phone: _____
Relation to Student: _____ Responsible for Tuition: ☐ Yes ☐ No

Emergency Information

Emergency Contact Person Other Than Parent/Guardian: _____
Contact Person's Phone Number (Home) _____ (Cell) _____ (Work) _____
Physician's Name: _____ Office Phone: _____
Known Allergies: _____
Medical conditions of which the school needs to be aware: _____

Office Use Only

Date of Registration: _____