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Luther King Jr. Drive, NW
Atlanta, GA 30314

Phone number: 404-681-9633

Attached to this coversheet you will find the enrollment packet for Atlanta Preparatory Academy. Classes are filling up quickly and enrollment cannot be fully confirmed until this enrollment package is received by our admissions office. Once completed, please return the application to the school to guarantee your child a quality education for this year and years to come. We welcome you to our school community and look forward to working with your child.

The checklist below is for your use to make certain all documents are complete and in the order presented. Please fill out one set of forms for each child and retain a copy of the completed forms for your records.

Items Included in this packet to be submitted include:

- Student Enrollment Package and Parent Guardian Information (2 pages total)
- Emergency Contact Information
- Parent Request for Release of Student Records
- Volunteer Form
- Photograph/Videotape Permission form

Copies of other essential documents that must be submitted with the enrollment package:

- Withdrawal Form from Previous School
- Georgia Certificate of Immunization – Form 3231 –**

NOTE: For students transferring from another state or country.
Students transferring to this school from another state or country must obtain a certificate from a Georgia licensed physician or the County Public Health. A parent may present a written, dated immunization record attested to by a licensed physician or an authorized representative of a health agency of another state or country that adequate immunizations have been received by the student. The County Public Health Department will place the record on file and issue a Certificate of Immunization, and the student can be admitted to school.

- Georgia Department of Human Resources - Form 3300** - Certificate of Ear, Eye and Dental Examinations Form 3300 Certificate must be dated within the 12 months prior to the day of enrollment.
- Official Birth Certificate (Georgia law requires that kindergarten students be five years old on or before Sept. 1 and first grade students be six years old on or before Sept. 1 to be registered.)
- Official Copy of student's Social Security Card
- Proof of Residency (Deed, Current Mortgage Statement, or Lease AND electric utility bill)
- Transcript and/or report card from previous school
- Discipline Report from previous school
- Photo Identification . Parent/Legal Guardian/Legal Custodian

Additional documents to be submitted ONLY if they apply to your child:

- IEP *if applicable*
- Application for Free and Reduced Lunch *if applicable*

Enrollment document that is NOT NEEDED AT THIS TIME, but will be required following your initial parent-student-teacher meeting. These meetings will occur near the school's opening date.

- Signed copy of the Student/Parent Handbook Acknowledgement and the school's Code of Conduct

Note: Failure to return completed enrollment forms by the deadline date may cause your student to lose their enrollment position in the class! Only a parent or legal guardian will be able to register the student. The person who registers the student is the only person who will be allowed to withdraw the student.

If you have any questions regarding this procedure or need assistance completing the forms please contact Mrs. Tanya Crowder at tcrowder@atlantapreacademy.org or at (404) 681-9633.



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OFFICE USE ONLY

Process Date: ___/___/___ Student's First Day of School: ___/___/___ Student's Last Day of School: ___/___/___
 Student Number _____ Enrollment Code: _____ Previous School ID#: _____ Previous School Student #: _____
 Letter to Release Records sent: ___/___/___ School Records Received: ___/___/___ Sp. Ed. Records Received: ___/___/___
 Code of Conduct Acknowledgement Returned: Yes Evidence of Enrollment Received: Yes

Enrollment Package

(Required by State)

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality
Only a parent or legal guardian will be able to register the student. The person who registers the student is the only person who will be allowed to withdraw the student

STUDENT BASIC INFORMATION

Student's Last Name:			
Student's First Name:			
Student's Date of Birth			⇒ Note: Must Provide Birth Certificate
Student's Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Student's Age:
How will Student be transported to and from school?	<input type="checkbox"/> Parent Driver <input type="checkbox"/> Carpool <input type="checkbox"/> School Bus <input type="checkbox"/> Walk <input type="checkbox"/> Day Care Van <input type="checkbox"/> City Bus <input type="checkbox"/> Other: (Explain):		
Student Bus # (if applicable):			
School District of Residence	<i>district of residence where parent/guardian lives</i>		
Student can be picked up by:	Name:	Relation to Child:	
	Name:	Relation to Child:	
	Name:	Relation to Child:	
	Name:	Relation to Child:	
Grade Level	K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/>		
Student's Social Security #			
Student Home Phone			
Home Email			
Student Lives With	<input type="checkbox"/> Both Biological Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Both Parents Alternately If both parents alternately please indicate Custodial Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father		
Student Ethnicity:	<input type="checkbox"/> African American (Non-Hispanic) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Non-Hispanic)		
Student's Primary Language:	Language Spoken at Home:		

*The following question is intended to address the McKinney-Vento Act.
Your response will help administrators determine residency documents necessary for enrollment of this student*

Student lives	<input type="checkbox"/> in a house <input type="checkbox"/> in an apartment <input type="checkbox"/> in a shelter <input type="checkbox"/> in a motel, car, campsite <input type="checkbox"/> in a house w/more than one family <input type="checkbox"/> with friends or family other than parent/guardian
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ADDRESS INFORMATION

Street Address Where Student Lives	City, State, Zip:	
Mailing Address	<input type="checkbox"/> Same as Above <input type="checkbox"/> Use the mailing address below:	
	Street:	
	City, State, Zip:	
Do you need a second mailing to a non-custodial parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes . Provide Address: here ⇨	Street: City, State, and Zip:

STUDENT EDUCATION INFORMATION

Name of Most Recent School	
Address of Former School	
Previous Grade	
Student's Native Language <small>primary language spoken by the student</small>	
Was your child receiving Special Education Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>If yes, do you have your child's special education records (IEP)?</i> No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, attach copy</i>

STUDENT PARENT INFORMATION

Relationship	Name	Home Phone	Work Phone /Employer	Cell Phone #	E-Mail Address
Mother/Guardian					
Father/Guardian					
Step Parent					

STUDENT EMERGENCY CONTACT INFORMATION (in addition to parents)

Emergency Contact	Relationship	Emergency Phone #	Emergency Work Phone #	Emergency Cellular Phone #

PREVIOUS SCHOOL EXPERIENCE

Pre-school Experience Home Private Day Care Private Pre-school Babysitter Head Start Pre-K Program

Is student currently suspended or pending expulsion from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Reason:
Has student been expelled from any school ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Reason:



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EMERGENCY CARE PERMISSION

Name of Child: _____ Age: _____ years _____ months

I hereby give permission to the staff of the school to secure emergency medical treatment for the above named child while under their supervision: Yes No - I do not give permission for the school to secure medical treatment

Should my child suffer an injury or illness while at school, I hereby grant the school's staff permission to take whatever action in its judgment may be necessary in supplying emergency medical services. I understand that, consistent with the circumstances of the situation I will be contacted and my instructions followed or the instructions of any other designated emergency contact. In the event the school staff is unable to contact me or my designated emergency contact, I hereby grant permission to the school staff to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree that I will be solely responsible for and will promptly pay any expenses incurred in making emergency medical care available to my child. I also understand and agree that my insurance will act as the primary coverage.

Signature: _____ Date Signed: ____/____/____

STUDENT HEALTH INFORMATION

Doctor's Name		Doctor's Phone	
Dentist's Name		Dentist's Phone	
Preferred Hospital		Date of Last Physical	
Health Insurance Policy Name and Number		Date of Last Tetanus Shot	
Medical Alert <i>Critical Health Issues (i.e. diabetes, hemophilia; severe allergies, etc.)</i>		Medical Concerns <i>Chronic Health Concerns (i.e. allergies; skin disorders)</i>	
List any special services your child has received in the last three (3) years		Other Information	

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned upon discovery. Further, I understand that a person who knowingly and willfully – makes false, fictitious, or fraudulent statements of entry, in any matter – shall upon conviction thereof, be punished by a fine and/or imprisonment (O.C.G.A. 16-10-20). I understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school of any changes in the information provided.

The information provided above is true and accurate.

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

Release of Student Records Form

Today's Date: ____/____/____
Month/Day/Year

Student's Date of Birth: ____/____/____
Month/Day/Year

Child's Full Name (please print) _____
First Name Middle Name Last Name Appendage (i.e. Jr.)

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

Resident School District Name: _____

Check appropriate box and provide name of former school where indicated below.

Student Entering Grades 1st – 4th in 2011-2012

Whereas my child is currently enrolled in Atlanta Preparatory Academy for the 2011-2012 academic-year, I give my permission to:

(School most recently attended by student)

Address: _____ Phone: _____ Fax: _____

to release my child's academic records to Atlanta Preparatory Academy. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions.

Please send the information to: Admissions . Atlanta Preparatory Academy
569 Martin Luther King Jr. Drive, NW
Atlanta, GA 30314

Resident School District Notification of Student Entering Kindergarten in 2011-2012

Whereas my child is currently enrolled in Atlanta Preparatory Academy for the 2011-2012 academic-year, I hereby notify _____

(Resident School District)

Immunization Rules for Kindergarten Students



All children entering Kindergarten on or after July 1, 2007 are REQUIRED to meet the following NEW REQUIREMENTS:

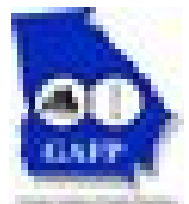
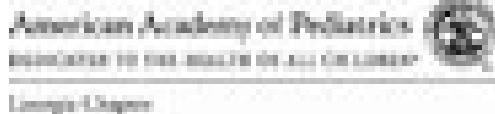
1. Have two (2) doses of Measles vaccine, two (2) doses of Mumps vaccine, and one (1) dose of Rubella vaccine or laboratory proof of immunity against Measles, Mumps or Rubella.



2. Have two (2) doses of Varicella (chicken pox) vaccine or documentation of disease or laboratory proof of immunity. At the time your child entered school only one (1) dose of this vaccine was required.

3. Contact your health care provider to receive any needed vaccinations and to obtain the Georgia Certificate of Immunization (Form 3231**)**

VACCINATE YOUR CHILDREN EARLY AND BEAT THE BACK TO SCHOOL RUSH!





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SAMPLE FORM 3300 Hearing/Vision/Dental Form

ANTARES PREPARATORY ACADEMY
 10000 N. 100th St., Suite 1000, Greenwood Village, CO 80111
 (303) 751-1000
 www.antesprep.com

NAME	DATE OF BIRTH	SEX	GRADE
ADDRESS	CITY & STATE	ZIP	PHONE
PARENT NAME	RELATIONSHIP TO STUDENT		

HEARING	
HEARING TEST	DATE
HEARING AID	DATE
HEARING LOSS	DATE

VISION	
VISION TEST	DATE
CONTACT LENSES	DATE
GLASSES	DATE

DENTAL	
DENTAL EXAM	DATE
DENTAL WORK	DATE
DENTAL X-RAYS	DATE

OTHER INFORMATION	DATE
OTHER INFORMATION	DATE
OTHER INFORMATION	DATE

Volunteer Form

Volunteers may be involved in monitoring the playground, student drop-off and pick-up, crosswalk, and assisting with school events. In addition, parents are encouraged to contribute their time and talent to organizing extracurricular activities and community outreach projects. All parents/guardians are expected to volunteer 2 hours each month per parent/guardian in the household. Any family member . parent, sibling, grandparent, or family friend . may complete the hours for the family. Hours may be banked by serving several hours at once. A number of volunteer options are available both in the school and from home or work. Volunteer hours are logged and records are kept on file. Contact the school administrative team for volunteer suggestions. Also, refer to the school newsletter throughout the year for ways to be of service. The following is a partial list of ways to fulfill the volunteer commitment.

Please check as many boxes that fit your particular interests and availability.

During School Hours Volunteers May . . .

- Assist with small reading groups *
- Assist with small math groups *
- Share about your work or career
- Help teachers with classroom décor -- posters, boards, hallway art displays
- Help during reading groups, Paragon, and math
- Organize completed work into Friday Folders
- Photocopy homework or project packets
- Supervise or play with children during lunch *
- Work in the media center
- Clean school equipment or school grounds
- Type cumulative student records
- Answer office phone any day at mid day
- Volunteer with the student council
- Volunteer with the student choir
- Tutor students after school *
- Pick up and return books from the public library

After School Hours Or From Work Or Home Volunteers May . . .

- Assist teachers in correcting student work
- Assist with the school website
- Contact a paper or printing company and offer to collect outdated or unwanted paper products
- Host a talk at work to promote the school
- Organize a family drive to enlist in Target, Office Depot, or Wal-Mart Card Programs that donate to the school
- Share any fund raising experiences and ideas
- Provide general grounds maintenance
- Buy or send in Paragon supplies
- Organize Scholastic book orders for teachers
- Pick up and return books from the public library
- Shop for school supply donations . pencils, pens, paper towels, wet wipes, bleach wipes, Ziploc bags are needed throughout the year
- Request your office to donate art supplies
- Photocopy homework and project packets

* The types of volunteer service noted with an asterisk require successful completion of a criminal background check).

I understand that Volunteering is expected.

All volunteers must complete a Character Questionnaire, and may be fingerprinted (if required for federal and state clearance). Volunteers receive and must follow all policies and procedures defined by the school. If activity occurs that is not in keeping with the school policies, the Chief Administrative Officer (CAO) reserves the right to relieve the volunteer of his or her responsibilities.

Parent/Guardian Signature

Date



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Photograph/Videotape Permission

Dear Parent:

From time to time school staff records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at our school or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)** give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.

2. I **(do not)** give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____

Sign Below

Parent/Guardian Signature

_____/_____/_____
Date Signed