

Last Name _____

School Year: 20____ - 20____

Date of Enrollment _____



Enrollment Requirements

TO THE APPLICANT:

Thank you for your expressed interest in Atlanta Achievers Academy. Please fill all parts of this application completely. The following checklist should assist you in the admissions process:

Student Name _____ Date of Birth _____ Grade & Age _____
(at time of enrollment)

Item	Date Satisfied
Enrollment Application	
Authorizations and Consent/Student Release/Emergency Contacts	
Student Scholastic Information	
Media Release Form	
Enrollment Agreement	
Birth Certificate	
Immunization Records (GA Form 3231 Certificate of Immunization) -or- Notarized Religious Exemption Form	
Annual Physical (GA Form 3300 Ear, Eye and Dental Certificate)	
Transcripts from previous school (K-6 th)	
Parent ID	

*Items on checklist are necessary for all students before they can be admitted to class.

Atlanta Achievers Academy Enrollment Application

Student Information		School Year Applying for:	
Last Name			
First Name			
Middle Name		Sex	
Home Address			
Date of Birth	Age	Child lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Last School Attended		Last date in Attendance	
Is student current on vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, do you have a religious exemption? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does student have any health problems or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Is your child on any daily prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Does student have any diet restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain	
Parent/Guardian Information			
Parent #1	Door Code	Parent #2	Door Code
Name		Name	
Relationship to Student		Relationship to Student	
Home Address		Home Address	
City/State Zip		City/State Zip	
Cell Phone#		Cell Phone#	
Cell Phone Carrier		Cell Phone Carrier	
Home Phone #		Home Phone#	
Place of Employment		Place of Employment	
Work Address		Work Address	
Work Phone#		Work Phone#	
E-mail		E-Mail	

I am aware of the policies of Atlanta Achievers Academy, which governs my child. **I understand that all fees including initial fees are non-refundable.** To the best of my knowledge, the information provided in this application is accurate and true.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Atlanta Achievers Academy

Authorization and Consent/ Student Release/Emergency Contact

Student's Name: _____ **DOB:** _____

EMERGENCY AUTHORIZATION:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I understand that the emergency contacts listed below will be called.

Emergency Contact #1	Emergency Contact #2
Name	Name
Phone#	Phone#
Relationship to child	Relationship to child
Relationship to parent	Relationship to parent

STUDENT RELEASE AUTHORIZATION:

I hereby grant Atlanta Achievers Academy permission to release my child to the person (s) signing this agreement, and to the person (s) listed on this form. I understand that my child WILL NOT be release to anyone other than these persons unless otherwise authorized in writing. I understand that photo identification will be required of any person picking up student.

Authorized Pick-up #1	Door Code	Authorized Pick-Up #2	Door Code
Name		Name	
Address		Address	
Phone#		Phone#	
Relationship to child		Relationship to child	
Relationship to parent		Relationship to parent	

MEDICAL AUTHORIZATION:

I hereby grant Atlanta Achievers Academy permission to take whatever action in its judgment may be necessary to supplying emergency medical services to the applicant. I understand that, consistent with the circumstances of the situation and available time, Atlanta Achievers Academy will attempt to contact and follow the instruction of the parent or guardian, physician or other person(s); we hereby grant permission to Atlanta Achievers Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. I hereby agree that we will solely be responsible for and will promptly pay any expenses, which may be incurred by Atlanta Achievers Academy in making emergency medical treatment available to the student. I give Atlanta Achievers Academy permission to transport the student in a Atlanta Achievers Academy vehicle, vehicle of its personnel or by ambulance in case of an emergency.

Medical Center the school uses: **Hughes Spalding Children's Hospital,
80 Jesse Hill Jr. Drive, SE, Atlanta, GA 30335-3801**

Student's Physician	
Phone Number	
Child's Health Insurance Carrier	
Policy Number	

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The Achievers Academy

Student Scholastic Information

A copy of the applicant's most recent report card and test scores must accompany this application for all students applying to kindergarten through fifth grades.

Previous School Name _____ Last Day of Attendance _____

Address _____

Phone number _____

Has the applicant ever been suspended or asked to leave any school? ___Yes ___No

If yes, please explain _____

Has the applicant been recommended for special education, advanced placement or retention? ___Yes ___No

If yes, please explain _____

Has the applicant had any discipline problems or are there any pending discipline problems at school?

If yes, please explain _____

Indicate any specific modifications necessary to facilitate the student's education. _____

What is your primary reason for selecting The Achievers Academy for your child? _____

How did you hear about The Achievers Academy? _____

By signing below, you are authorizing The Achievers Academy to contact your child's previous school to obtain behavior and academic performance information.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Atlanta Achievers Academy

Media Release Form

Name of child _____

Address _____

City, State, Zip _____

MEDIA RELEASE FOR A MINOR

OPT IN: I, the undersigned, being legal guardian of the child listed above, grant to Atlanta Achievers Academy the right to use his/her photograph, likeness, video or voice recording, for broadcast or publication in any and all media. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

OPT OUT: I do not grant permission to use my child's photograph, likeness, video or voice recording, for broadcast or publication in any and all media.

Parent Print Name:

Signature: _____ Date: _____

Atlanta Achievers Academy

Enrollment Agreement

I acknowledge that I have received and read a copy of Atlanta Achievers Academy's Enrollment Agreement. I acknowledge that I will receive a copy of the Atlanta Achievers Academy's Policy and Regulations Handbook for Parents and Students at the orientation meeting. I understand that it is my responsibility to contact the school's director with any questions I have about the information contained in this agreement or handbook or any document relating to enrollment policies and procedures.

Child's Name _____

(Signature of Parent/ Guardian)

(Date)

(Signature of Parent/ Guardian)

(Date)

(Signature of Staff)

(Date)

Enrollment Agreement

Parent Copy

Welcome to Atlanta Achievers Academy (AAA). We look forward to a healthy and happy relationship with your family.

1. Atlanta Achievers Academy, hereby referred to as AAA, is open from 7:00 am to 6:00 pm, Monday-Friday. AAA is closed for certain holidays and events. The closing schedule for AAA is listed in the Policies and Procedures Handbook. All policies and procedures will be discussed in detail at the Parent Orientation.
2. AAA will be open whenever possible on a regularly scheduled day, during normal hours which are Monday – Friday from 7 a.m. – 6:00pm. In the event of inclement weather, AAA will be closed when Atlanta Public School announces closure. AAA reserves the right to close in cases in which Atlanta Public School fails to announce closure. In this case, parents will be notified by phone of such closure. Should it become necessary to close early, it will be your responsibility to arrange for your child's early pick up.
3. Children will not be allowed to enter or leave the facility without being escorted by the parent (s), person authorized by parent (s), or AAA staff. AAA will release your child only to you or to those persons you have listed on the Student Release Authorization form. If you want a person who is not identified on the Student Release Authorization form to pick up your child, you must notify AAA in advance, in writing. Your child will not be released without prior written authorization. AAA will ask any person other than you, to provide photo identifications.
4. AAA cannot legally deny access or release of your child to either parent/guardian unless there is an active restraining order on file or specific schedule of court ordered visitation rights.
5. If AAA notifies you that your child is ill, you must pick up your child immediately (within the hour that you were called). If your child is absent due to a reportable disease, your child may return only with a physician's note indicating that he or she is no longer contagious.
6. Prior to enrollment, you must give AAA current medical and immunization records for your child. These records must be updated annually. Children without appropriate, current medical records may not attend AAA.
7. In case of an emergency, AAA will make every attempt to contact you. Parent agrees to give AAA permission to administer first aid or to obtain emergency medical treatment in the child's best interest.
8. **Teachers and staff will never give any medication without description of its proper administration in written form and written consent.** You can get a medicine authorization form from any staff member. E-mail or faxed authorization is acceptable. Achievers Academy reserves the right **not** to administer medication on an ongoing basis or more specifically for longer than 5 consecutive school days. Teachers will not administer medication to students for more than twice a day.
9. Parent agrees to keep all records current including address, phone numbers, etc.

*This Enrollment Agreement may not be inclusive and is subject to change in whole or in part by AAA at any time

Enrollment Agreement cont.

Parent Copy

10. Tuition payments including initial fees to Atlanta Achievers Academy are non-refundable and will not be prorated.

Early Learning Center (Infants – Pre-K4): Tuition payments are due weekly by noon, the Friday before services are rendered to avoid late fees. After a week of non-payment, the child cannot return to school until the balance is paid.

Upper Grades (K-6th Grade): Tuition payments are due on the 1st of each month. A late fee will of \$25.00 will be accessed on the 6th of the month.

All tuition and late fees must be paid in full by the 10th of the month or your child cannot return to school on the following day.

11. Hours of operation are Monday – Friday from 7:00 am-6:00pm.

Early Learning Center: *Please note that Early Learning Center (Infants- Pre-K4) can only be in attendance for a maximum of 10 hours per day.

Upper Grades: Students K - 6th grade can arrive as early as 7:00 am. Pre-K4 students are allowed to be in attendance until 6:00pm . The school day hours (grades K-5th) are 8:30 am – 4:00pm. After-school care is provided for kindergarten-5th grade, from 4:00 pm-6:00 pm at an additional monthly rate. There is \$2.00 late fee, for any late pickup.

12. Meals:

Early Learning Center: Breakfast, lunch and afternoon snack is provided for Early Learning Center.

Upper. Grades: Breakfast is not served at school during the regular school year. Students may bring their own breakfast no later than 8:00 am on any given school day.

Lunch is available for elementary students each day for the additional fee of \$3.00 per day which can be paid for by individual days or \$15.00 for the entire week (or on a monthly basis if so desired). The lunch consists only of chicken, fish or turkey; beef or pork is never served. Students (except for pre-school) have the option of bringing their own lunch from home. Facilities for warm-up are provided. All students should bring their own afternoon snack.

13. If AAA determines that the program is not in the best interest of you or your child, AAA will require you withdraw your child from the program. Similarly, a child may be withdrawn for any acts of a parent/guardian that AAA believes, in its sole discretion, are inappropriate or inconsistent with the best interest of the school.

14. Withdrawal

Upon registration, you agree that your child will attend Atlanta Achievers Academy for the 10-month school year. Parents will be responsible for paying 1 month's tuition if tuition agreement is broken. All monies received by Atlanta Achievers Academy are non-refundable.

15. Parent agrees to abide by all rules and policies specified in *Atlanta Achievers Academy Policy Regulations Handbook for Parents and Students*.

16. Parents agree to attend the initial orientation meeting.

17. Parents agree to attend or send a family representative to PTSA meetings.

*This Enrollment Agreement may not be inclusive and is subject to change in whole or in part by AAA at any time