



REGISTRATION REQUIREMENTS 2017-2018

STUDENT NAME _____

DATE _____

PARENT (S) NAME _____

A. FAMILIES

STEP ONE - FORMS NEEDED

- Completed Application
- Parent/Guardian Information
- Emergency Information
- Teacher Confidential Recommendation – English and Math (sealed envelope)
- Record Request/Release Form
- Child's S.S. card
- Birth Certificate
- Immunization Records (new forms 3231)
- Academic Records including attendance records, IEPs, behavior records, test scores from prior school and the recent copy of progress report or report card must be submitted. File will be considered incomplete without them.
- Dental, Vision & Hearing Screening (form 3300, completed on or before 8/14/17)
- Enrollment Fees (**A non-refundable \$25.00 application fee**) **Money Order Only***
- ALL INFORMATION MUST BE SUBMITTED PRIOR TO TESTING.***

STEP TWO - DONE AFTER ALL OF STEP ONE IS COMPLETED

- Interview/Testing of students
- Meeting of the Admissions Committee
- Phone Call or Letters to Parents, Informing them of Acceptance, and step three.

STEP THREE - SIGNING OF CONTRACTS / PAYMENTS /ARETE ENROLLMENT

- TUITION OPTIONS:** Monthly Contract/Installment (2)/Paid In Full
- FINANCIAL DOCUMENTS:** 1040 FOR 2016 (ANY PERSON LIVING IN SAME HOUSE **MUST** PROVIDE A 1040)
- W-2/ TWO MOST RECENT PAYCHECK STUBS/TANF/SSI/ CHILD SUPPORT DOCUMENTATION
- CHILD(REN)' S NAME(S) MUST BE ON THE 1040 FOR 2016**

Required
Photo

Student Information

Child's Name _____ Sex: M F Ethnicity: _____

Address _____ City _____ Zip _____

County _____ Home Phone _____

Anticipated Grade Placement _____ Current Grade _____

Current School _____ Teacher's Name _____

Date of Birth _____ Social Security _____

Educational Background

Has your child ever receive special accommodations at school? Explain:

Does your child have any health concerns (diabetes, asthma, any allergies) that the school should be aware of?

Do you give permission for your child to undergo educational testing for grade placement?

Yes No

Signature of Parent and Guardian

Suggested Grade Placement _____ Test Administered by _____

Atlanta Youth ACADEMY

Parent/Guardian Information

Mother/Guardian's Name _____

Married _____ Single _____ Divorced _____ Separated _____

Relationship to child _____

Address of Guardian _____

Phone Number _____ Cell Phone Number _____

Email Address _____ **Emergency Phone Number** _____

Employer _____ Work Phone Number _____

Language Spoken at Home _____

Mother's Religious Affiliation _____

Father/ Guardian's Name _____

Married _____ Single _____ Divorced _____ Separated _____

Relationship to Child _____

Address _____

Phone Number _____ Cell Phone Number _____

Email Address _____ **Emergency Phone Number** _____

Employer _____ Work Phone Number _____

Language Spoken at Home _____

Father's Religious Affiliation _____

Are there any special concerns about guardian rights for the child? Please explain:



RECORD REQUEST/RELEASE FORM

Date

I, _____, do hereby authorize
(Parent's Name)
_____, located
(Former School's Name)
at _____, to
(School Address including City, State and Zip Code)
release any and all records pertaining to my child, _____
(Child's Name)
_____ to Atlanta Youth Academy.

All requested information should be sent to:

**Atlanta Youth Academy
Attn: Admissions
P.O. Box 18237
Atlanta, GA 30316**

We appreciate your prompt cooperation.

Parent Signature _____

Date _____



2120 Forrest Park Road
Atlanta, Georgia 30315
404-370-1960

**Teacher’s Confidential Recommendation
ENGLISH**

CANDIDATE’S NAME: _____ DATE OF BIRTH: _____

TO THE PARENT/GUARDIAN: Please read and sign the statement below and then give this form to the candidate’s English teacher. I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and the teacher reports/comments forwarded to each school to which you are applying.)

Name of Parent or Guardian

Date

Signature of Parent or Guardian

Date

To The Teacher:

The above named student is an applicant for admission to **Atlanta Youth Academy**, a Christian private school for students in grades Pre-Kindergarten through 8th. Please answer the following questions so that we may better understand the student. Please send this form directly to **Admissions Office, Atlanta Youth Academy, 2120 Forrest Park Rd, SE; Atlanta Georgia 30315** us as soon as possible. **This recommendation may be sent electronically to mabela@atlantayouthacademy.com and is due no later than February 27, 2017.**

How long have you worked with this student? _____

Course title _____

Please check the box next to the most accurate response for this student.

	1 Poor	2 Low Average	3 Average	4 High Average	5 Excellent
Responsibility					
Cooperation					
Assertiveness					
Leadership					
Emotional maturity					
Response to criticism					
Motivation to learn					
Study habits					
Organization					
Attention span					

Please comment on the following:

1. The applicant's ability to organize and communicate ideas verbally and in writing. _____

2. The applicant's ability to learn from his or her mistakes. _____

3. Are there any particular strengths or weaknesses of which you feel the Admissions Committee should be aware? _____

4. Additional thoughts and comments are welcome. _____

I recommend this applicant for admission:

___enthusiastically ___strongly ___mildly ___with reservation ___not at all

Teacher's Signature

Date

Teacher's Printed (Please Print)

Mailing Address

City/Town

State

Zip



2120 Forrest Park Road
Atlanta, Georgia 30315
404-370-1960

**Teacher's Confidential Recommendation
MATHEMATICS**

CANDIDATE'S NAME: _____ DATE OF BIRTH: _____

TO THE PARENT/GUARDIAN: Please read and sign the statement below and then give this form to the candidate's MATH teacher.. I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and the teacher reports/comments forwarded to each school to which you are applying.)

Name of Parent or Guardian

Date

Signature of Parent or Guardian

Date

To The Teacher:

The above named student is an applicant for admission to **Atlanta Youth Academy**, a Christian private school for students in grades Pre-Kindergarten through 8th. Please answer the following questions so that we may better understand the student. Please send this form directly to **Admissions Office, Atlanta Youth Academy, 2120 Forrest Park Rd., SE; Atlanta, Georgia 30315** us as soon as possible. **This recommendation may be sent electronically to mabela@atlantayouthacademy.com and is due no later than February 27, 2017.**

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Cooperation					
Assertiveness					

Leadership					
Emotional maturity					
Response to criticism					
Motivation to learn					
Study habits					
Organization					
Attention span					

Please comment of the following:

1. The applicant's ability to learn from his or her mistakes. _____

2. Are there any particular strengths or weaknesses of which you feel the Admissions Committee should be aware? _____

3. Additional thoughts and comments are welcome. _____
