



APPLICATION FOR ENROLLMENT

*Fill out this form in its entirety. Do not leave anything blank or use N/A. Put an answer for EVERY question.

Child's Name _____
 First Middle Last
 Sex _____ Birth Date _____ Birth Place (city/state) _____
 Primary Language _____

Mother's Name _____ Phone _____
 Cell Phone _____ Publish Cell Phone Number ____ Yes ____ No
 Address _____

 Email Address _____
 Occupation _____ Employer _____
 Address _____ Work Phone _____
 Hobbies/Special Talents _____

Father's Name _____ Phone _____
 Cell Phone _____ Publish Cell Phone Number ____ Yes ____ No
 Address _____

 Email Address _____
 Occupation _____ Employer _____
 Address _____ Work Phone _____
 Hobbies/Special Talents _____

Emergency contact (other than parents) _____
 Names/Ages of Siblings _____
 Previous School Experience _____
 Comments _____

Program requested:
 Early Childhood (morning) _____ Upper Elementary (9-12 yrs) _____
 Early Childhood (morning & afternoon) _____ Middle School (12-14 yrs) _____
 Lower Elementary (6-9 yrs) _____ GA Cyber Academy (14-18yrs) _____
 After School (3pm-6pm) _____

Parent Signature _____ Date _____
(New Applicants Only)
My application fee of \$25 is attached.

Office use only
 Application Fee received _____ Date _____ Reference letter received _____ Date _____
 Parent Interview _____ Date _____ Parent handbook _____ Date _____
 Child Interview _____ Date _____ Photo taken _____ Position Offered _____ Date _____
 Position Not Available _____ Date _____ Registration fee received _____ Date _____
 Contract received _____ Date _____ Enrollment Forms received _____ Date _____
 Added to Constant Contact _____ Date _____