

REGISTRATION REQUIREMENTS

STUDENT NAME _____

DATE _____

PARENT (S) NAME _____

A. NEW FAMILIES

STEP ONE - FORMS NEEDED

- Completed Application
- Parent/Guardian Information
- Emergency Information
- Parent/Guardian Authorization for Student Release
- Policies and Procedures Statement of Agreement
- Corporal Punishment Agreement
- Student Media Release Form
- Record Request/Release Form
- Free and Reduced Price School Meals Application
- Child's S.S. card
- Birth Certificate
- Immunization Records (new forms 3231)
- Academic Records from prior school and the recent copy of progress report or report card.
- Dental, Vision & Hearing Screening (form 3300, completed on or before 8/07/12)
- Enrollment Fees (A Non-refundable \$25.00 application fee) **NO CASH, Money Order Only!**

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

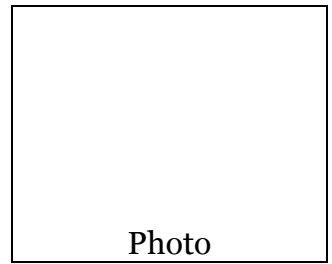
- TUITION OPTIONS:** Monthly Contract/Installment (2)/Paid In Full
- FINANCIAL DOCUMENTS: 1040 FOR 2011** (ANY PERSON LIVING IN SAME HOUSE **MUST** PROVIDE A 1040)
- W-2/ TWO MOST RECENT PAY CHECK STUBS/TANF/SSI/ CHILD SUPPORT DOCUMENTATION
- CHILD(REN) NAME(S) MUST BE ON THE 1040 FOR 2011**

B. RE-ENROLLMENT REQUIRED DOCUMENTS

- Re-enrollment application
- Proof of Income (see above)
- Immunization Records (New Form 3231)
- Dental, Vision & Hearing Screening (form 3300, completed on or before 8/07/12)



Application for Enrollment
Student Information



Child's Name _____ Sex: M F
Address _____ City _____ Zip _____
County _____ Home Phone _____
Anticipated Grade Placement _____ Current Grade _____
Current School _____ Teacher's Name _____
Date of Birth _____ Social Security _____

Educational Background

Did your child ever receive special services at school for a problem in learning? Explain:

Does your child have any health concerns 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

**Testing
Results**

Suggested Grade Placement _____ Test Administered by _____



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 Church Background _____

Father or 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 Church Background _____

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



Emergency Information

Please provide the contact information for someone who would be willing to serve as an emergency contact person in case you cannot be contacted:

Name of Contact Person _____ Relationship to Child _____

Address _____ Phone Number _____

Child's Physician: _____ Phone Number _____

Type of Insurance _____ Member Account Number _____

I do, hereby, give permission for the representatives of Atlanta Youth Academies to take my child to a hospital or the office of a physician or other medical care provider in the event of a medical emergency.

Parent/Guardian Signature

Date

Siblings

List any brothers or sisters of the applicant:

| Name | Age | Grade | School | Address | Relationship |
|------|-----|-------|--------|---------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I consent to having my child taught according to the teachings and policies of the Atlanta Youth Academies. I do, hereby, swear and attest that the above information is true and accurate to the best of my knowledge.

Parent/Guardian's Signature

Date



Parent/Guardian Authorization for Student Release

As the parent/guardian of _____, I hereby give my permission for the above student to be released to the following person in case of my tardiness, illness, or other unforeseen circumstances as indicated by me.

| Name | Phone# | Password |
|------|--------|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

If someone other than the above listed persons comes for the release of the above student they will be denied permission of release.

Parent Signature _____

Date _____

Administrator Signature _____

Date _____



**Policies and Procedures
Statement of Agreement**

I understand the following:

1. I understand my child will take a placement test and that the Principal has full discretion for the grade placement of my child.
2. I (We), the parent(s) must attend a scheduled interview prior to my child's admission to Atlanta Youth Academy.
3. I must actively participate in my child's education through parent conferences and other school sponsored events. (Upon prior notification and approval of child's teacher, a family representative may be sent on your behalf)
4. I will cooperate and support AYA's discipline and homework policies.
5. I will make certain that my child (ren) is regularly in attendance and on time, as well as follow up any unavoidable absences or lateness with a letter from myself and/or a physician.
6. I understand that my child (ren) will be invited to return to Atlanta Youth Academy each year provided that his/her behavior and academic efforts Is found acceptable and all financial obligations of the previous year have been met.
7. I will meet my tuition responsibilities according to the current school year's schedule. Failure to do so may result in my child(ren) being dismissed from school until payment is received.
8. AYA reserves the right to dismiss any student found, either themselves or their parent, in violation of school policies.
9. My child is hereby granted permission to participate in all school activities, including school sponsored trips away from the premises, provided I have prior notification and have not stipulated otherwise in writing.
10. I will adhere to AYA to the AYA dress code each day in order to avoid my child's dismissal from class.
11. My child's photograph and first name may be used in Atlanta Youth Academies publicity and or fund-raiser materials.

Parent's Signature

Date

Atlanta Youth ACADEMY

Policy on Corporal Punishment

Philosophy

God, through His word, has clearly instructed parents to discipline their children in love. Under the authority of a child's parents, the school and classroom teachers are responsible to provide a model of discipline that encourages each student to be self-disciplined for the purpose of godliness.

When an individual student consistently exhibits disobedient behavior and the established classroom discipline plan does not effectively correct offending behaviors, corporal punishment may be considered.

"Folly is bound up in the heart of a child, but the rod of discipline will drive it far from him" Proverbs 22:12

"My son, do not despise the Lord's discipline and do not resent his rebuke, because the Lord disciplines those he loves, as a father the son he delights in" Proverbs 3:11&12

He who spares the rod hates his son, but he who loves him is careful to discipline him." Proverbs 13:24

Process

The classroom teacher is responsible to discuss problem behaviors with the principal and the parent. After other methods of correcting misbehavior have been tried, the parent, and teacher will decide together if corporal punishment is appropriate for the individual child. If all agree, corporal punishment can be administered. If all do not agree, the parent is responsible to provide an alternative method of correction at home.

1. The parent or guardian must give written permission for their child to be spanked in school. A copy of this permission must be kept in the school office.
 2. The parent or guardian must be notified each time the spanking has taken place.
 3. The principal or assistant principal will administer the spanking. It is desired that there be two adults present at the time of the spanking. The child may not be spanked in front of other children, but the door to the room where the spanking takes place must be left partially open.
 4. The child must understand why the spanking is being administered before the spanking takes place.
 5. A wooden paddle may be used only on the child's buttocks. Great caution should be taken not to strike the child's hands. If the child fights the spanking to the point that it cannot be given, parents must be called to take the child home.
 6. After the spanking every effort must be made to help the child understand the offense and seek forgiveness. The adults in charge are responsible to reflect Christ's love, compassion and forgiveness and should encourage the child with love at the end of the session.
 7. If undesirable behaviors continue after repeated spankings, another conference must take place to find other solutions to the problems.
-

Name of Child _____

Name of Parent _____

- I give permission for my child to be spanked in school according to the above guidelines
- I do not give permission for my child to be spanked in school. I understand that this places the responsibility of dealing with school situations upon me and that I will be called to come to school if my child requires serious disciplining.

Signature of Parent _____

Date _____



Tuition and Financial Information Form

Tuition

Tuition, which includes lunch, is \$12,000 for the 2011-2012 school year. Tuition may be paid in full by July 1, 2011 or in two payments, with the final payment due January 3, 2012. Upon request and consultation, it is possible to pay one's tuition on a monthly basis.

Financial Aid

Since its inception the Atlanta Youth Academy Foundation has been a leader in providing financial assistance for deserving young people. On a need basis, one may apply for financial assistance through two possible avenues – the AYA Foundation and the GOAL Scholarship Program. If you wish to pursue the avenue of financial assistance, please know that the school needs accurate information regarding household income and the number of dependents living in the household to determine the proper amount of financial assistance needed. The information requested below is needed to initiate consideration for financial assistance. If you have any questions or concerns relating to the financial information gathered by Atlanta Youth Academy, please contact Carrilyn Strickland at (404) 924-2688 or email her at carrilynsa@atlantayouthacademy.com.

Please complete the following information (please print)

Name of parent/Guardian: _____

Name of each Student Enrolled at AYA: _____

Total Number of Dependents in household: _____ Yearly household income: _____

The IRS defines a dependent as "A person, other than the taxpayer or the taxpayer's spouse, for whom an exemption can be claimed. You can generally claim an exemption for a dependent if the dependent:

1. Lives with or is related to you,
2. Is a U.S. citizen, a U.S. resident, or a resident of Canada or Mexico,
3. Does not file a joint return,
4. Does not have \$3,100 or more of gross (total) income (does not apply to your child if under age 19 or a student under age 24),
5. Is supported (generally more than 50%) by you, and
6. Cannot be claimed on another tax payer's return."

Please attach to this form a copy of your most recent federal income tax filings (i.e. 1040) and most recent check stub.

_____ I have attached a copy of my most recent federal income tax filing and my most recent check stub.

If you did not file a 1040 Tax Return, explain and attach supporting documentation for your total household income.

_____ I have not attached a copy of my most recent federal income tax filing and most recent check stub.

Include one or more of the following forms as proof of income. W-2, 1099 Form, Social Security Benefits, Unemployment Benefits Letter, etc. (Income should include all sources including wages/salary government assistance, family assistance, etc.)

Please provide an explanation of why a tax return could not be attached: _____

I hereby certify that the above information is a correct representation of my total household income and number of dependents per IRS definition listed above.

Parent's Signature _____ Date _____



Student Media Release Form

I hereby consent to my child's name, likeness, picture or voice to be used by the school system or news media. I am aware that my child may be asked a variety of questions (under the supervision of an adult) and the contents of the interview may be published or aired for public view. I understand that my child will be under the supervision of a school staff member during the interview and/or photo session. Should there be questions that make my child feel uncomfortable or discussions that could cause embarrassment for my child, he or she reserves the right to refuse to answer the question or participate in the discussions. Additionally, my child and/or the supervising school agent reserves the right to terminate the interview, photo or video session at any time when said activities cause embarrassment or make any party uncomfortable. I hereby hold harmless and waive all claims against Atlanta Youth Academy with respect to liability for the use of my child's name, likeness, picture, and/or voice, and against any claim arising out of my child's act or statements during the interview, photography sessions or program. Further, I release AYA, its agents and employees from any claim which I may have or which I might assert in the future, arising out of AYA's publication, and its use of the information given, and any photographs taken.

Parent Signature _____

Date _____

Child's Signature _____

Date _____

Principal's Signature _____

Date _____

Designee Signature _____

Date _____



RECORD REQUEST/RELEASE FORM

Date

I, _____, do hereby authorize
(Parent's Name)
_____, located
(Former School's Name)
at _____, to
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: Mr. Derrick Lockwood
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

School Recommendation

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 counselor or principal.

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 COUNSELOR OR PRINCIPAL: The parent or guardian has given Atlanta Youth Academy permission to obtain this information and has waived the right to read the confidential recommendations. Please attach transcripts with course names, grades, and any standardized tests or city-wide test scores and mail all requested documents to the address above.

Name _____
Last First Position Home Phone (optional)

Name of School _____
Work Telephone

School Address _____
Number and Street Fax Number

City State Zip E-mail Address

How well do you know the student? _____

School serves grades: _____ to _____. Number of students in the entire school _____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

Are students placed in sections according to ability? Yes NO

If yes, please tell us in which level the applicant is placed for each subject.

CANDIDATE'S NAME: _____ DATE OF BIRTH: _____

Please comment of this student's contributions to your community.

If the student's attendance record is not listed in the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not/has not been in good academic standing, please explain.

Please comment on this student's character.

Please add any additional information that will give us a more complete picture of the student.

Has the student ever been dismissed, suspended, placed on probation or received other serious disciplinary sanction? Yes No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation below or on a separate sheet of paper.

Please remember to attach the candidate's transcripts with this form. Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application.

Signature

Date

Atlanta Youth Academies School Family/School Contract
2120 Forrest Park Road
Atlanta, Georgia 30315

Student's Name _____
Grade/Homeroom _____

The mission of Atlanta Youth Academy is to serve the children and families and the surrounding communities by providing a learning environment that emphasizes high achievement and character development. The staff believes that every child has gifts and talents that must be discovered and nurtured. We are relentless in ensuring that all children learn and achieve. We are committed to achieving this mission by working together as a staff, with our students, their families, and community partners.

The Staff at Atlanta Youth Academy commits to partnering with families in order to accomplish our mission. The staff will:

1. Provide a safe and healthy learning environment;
2. Communicate regularly about your child's progress;
3. Respond to any messages or notes that we receive from parents/guardians;
4. Work with parents/families to develop written goals and plans for each child through **Parent/Teacher Conferences**;
5. Interact in a professional and respectful manner with families;
6. Provide curriculum and behavioral standards for your child's grade level at the beginning of the school year;
7. Provide many kinds of volunteer opportunities that meet needs different of families as well as at the school;
8. Hold meetings at a variety of times in order to meet different family schedules;
9. Provide the schedule of school events and meetings in ample time for families to arrange to attend;
10. Be flexible in setting up parent-teacher conferences;
11. Welcome input and feedback on strengths and weaknesses of the school's program.

The parents/guardians of children who attend Atlanta Youth Academy commit to partnering with the school staff in order to accomplish our mission and reach high student achievement. As a parent/guardian I will:

1. Review and answer any messages that I receive from my child's teachers or other staff members;
2. Make sure that my child is at school each day, is on time (in class no later than 8:00 a.m.) and is ready to learn;
3. Make sure that my child is in school until the end of each school day (PreK-2nd, 2:30 p.m., 3rd - 5th, 3:00 p.m., and 6th - 8th, 3:15 p.m.);
4. Pick my child up on time from dismissal (PreK-2nd, 2:30 p.m., 3rd - 5th, 3:00 p.m., and 6th - 8th, 3:15 p.m., if not in the after-school program, if in the after-school program, before 5:45 p.m.) as well as all extracurricular activities;
5. Interact in a respectful and courteous manner with all school staff;
6. Know and reinforce all school rules by signing the School Handbook;
7. Attend all required parent-teacher conferences as well as any other conferences that are requested;
8. Adhere to the goals set at the Parent/Teacher Conferences;
9. Attend a minimum of 4 school sponsored parent workshops during the year (for example open house, testing workshops, curriculum nights, and family nights);
10. Make sure that my child completes all of his/her homework, including at least 20 minutes of reading per night;
11. Parent Volunteer Hours, (10 hours for PreK - 2nd grade), (20 hours for 3rd - 5th grade), (30 hours for 6th - 8th grade);
12. Ask my child for their **Thursday** folder every week, read the information in the folder, and sign and return any required forms;
13. Let school administration and teachers know about any changes in address, phone numbers or family status for my child within 7 days of the change;
14. Enforce the student dress code;
15. Follow the Acceptable Use Policy so my child may use a computer at school;
16. Report any illness or absences to the school and keep my child home if he or she is ill.

The students at Atlanta Youth Academy commit to partnering with the school and their families in order to reach high achievement. Each student agrees to work to the best of his/her ability. As a student I will:

1. Know and follow the School Handbook rules including the code of conduct, core values, HALL behavior and the discipline plan developed by my team;
2. Demonstrate appropriate behavior at all times during school hours, including assemblies, field trips, special classes, breakfast and lunch, in the after-school program, and at school sponsored events outside of regular school hours;
3. Interact in a respectful and courteous manner with all Atlanta Youth Academy peers;
4. Accept responsibility and consequences for my behavior;
5. Be at school each day unless I am ill, on time (in class no later than 8:00 a.m.), and be ready to learn;
6. Be prepared and on time for each class, including making sure I have all materials organized and have required notebooks/binders;

7. Keep my desk and/or locker organized and clean;
8. Complete all class work, including taking notes and studying for all quizzes and test, to the best of my ability;
9. Take all school communications home each week including **Thursday** folders, and return signature pages and forms as required;
10. Follow the dress code throughout the school day, including wearing of belts and making sure that shirts are tucked in;
11. Actively participate to the best of my ability in any project or class participation/discussion;
12. Be responsible for taking care of all school material, equipment, and property, and report any lost or damaged items;
13. Follow the Acceptable Use Policy for computer use;
14. Complete all homework on a nightly basis, including at least 20 minutes of reading per night;
15. Adhere to the goals set at Parent/Teacher Conferences;
16. Student Volunteer Hours, (10 hours for PreK – 2nd grade), (20 hours for 3rd – 5th grade), and (30 hours for 6th – 8th grade);
17. Be the best I can be!!

I agree to the terms of this contract and understand that I will receive a copy of it.

Signature of Parent or Guardian _____

Name of Parent or Guardian _____

Date _____

Relationship to the child _____

Address _____

Home Number _____

Work Number _____

Email Address _____

Signature of Student _____

Name of Student _____

Date _____

Signature of Atlanta Youth Academy School Staff _____

Name of Staff/Position _____

Date _____

Signature of Atlanta Youth Academy School Staff _____

Date _____