



# Atlanta Youth Academy

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Greetings Prospective Warrior Family,

Thank you for your interest in Atlanta Youth Academy! I hope the materials in this admissions packet will be helpful to you in understanding the unique Christian, intentional, and heart-filled vision of our school.

The Atlanta Youth Academy exists to advance the kingdom of God by offering an excellent Christ-centered education to low-income, urban communities. Our daily goal, in partnership with your family and church, is to transform the lives of students and their families by serving the spiritual, intellectual and social needs of our city's youth.

Upon receipt of completed admissions packets, our admissions team will review materials and make decisions on acceptance. During the month of March your student will be invited for interviewing and admissions testing as a part of the admissions process. As you prepare your materials, please keep in mind that our admissions deadline is March 31<sup>st</sup> for all requested and required materials. Below is a short listing of important dates for you to govern by:

→ Open House	March 7
→ Admissions Packet deadline	March 31
→ Admissions Acceptance Letters to Parents	April 12
→ Acceptance response from Families due	April 17
→ Enrollment Contract Complete	May 20

Please visit our website [www.AtlantaYouthAcademy.com](http://www.AtlantaYouthAcademy.com) to learn more about the excellence in intentional, Christian education at Atlanta Youth Academy. I also encourage you to contact Mrs. Shelby Huntley, Assistant to the Dean, in our school office (404-370-1960) to schedule a personal visit. When you visit, you may tour the facilities, observe our classrooms, and meet with me to answer your questions about our program.

I pray for God's clear guidance of your family in this most important decision, the education of your children. I appreciate your consideration of our school and look forward to meeting you and talking with you about your child's future at Atlanta Youth Academy.

Yours in Christ,

Alisha Lyas Torres  
Dean of the Academy



# Atlanta Youth Academy

## Required Documentation Checklist for Admissions & Enrollment

Student Name:

School Year Entering:

Entering Grade:

### Admissions Documents

(required for admissions consideration)

<ul style="list-style-type: none"> <li><input type="checkbox"/> Student's Birth Certificate</li> <li><input type="checkbox"/> Admissions Application</li> <li><input type="checkbox"/> Student Records Release Form (information provided by current school) <ul style="list-style-type: none"> <li>• Attendance Data</li> <li>• Health Records</li> <li>• Standardized Test Scores</li> </ul> </li> <li><input type="checkbox"/> Principal/Headmaster Evaluation Form</li> <li><input type="checkbox"/> Confidential Language Arts Teacher Evaluation Form</li> <li><input type="checkbox"/> Confidential Mathematics Teacher Evaluation Form</li> </ul>	<p>RTI and Special Educator (if applicable):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Academic interventions</li> <li><input type="checkbox"/> Behavioral interventions</li> <li><input type="checkbox"/> Diagnostic reading test results</li> <li><input type="checkbox"/> Psychiatric and Psychological evaluations</li> <li><input type="checkbox"/> Speech and Hearing evaluations</li> <li><input type="checkbox"/> Individualized Education Plans</li> <li><input type="checkbox"/> 504 Plans</li> <li><input type="checkbox"/> Court Documents (if applicable): Current Guardianship Agreement and/or Current Custody Agreement</li> </ul>
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### Enrollment Documents

(required after formal admissions invitation is extended to family)

- Family Financial Contract
- Emergency Contact Information
- Social Security Card
- Immunization Records (**GA form 3231 rev. 2014**)
- Hearing, Vision, Dental Screening Records (**GA form 3300 rev. 2013**)
- Media Release Form
- Student Authorization for First Aid and Medical Care
- Field Trip Release Form
- Student Technology Use Agreement

### FOR SCHOOL USE ONLY

Verified by:      Initials/date

- \_\_\_\_\_/\_\_\_\_\_  
/
- Academic records received
  - Health records received
  - Discipline records received
  - Recommendations received
  - Contract Signed



# Atlanta Youth Academy

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## Fast Facts

**Established** in 1997

**Our current campus** is 18 acres in the Norwood Estates community in southeast Atlanta. AYA serves Norwood Estates, Thomasville Heights, and nearby communities. Originally on a 12-acre campus, AYA purchased 6-acres of land adjacent to current property in 2018.

**Mission Statement:**

*The Atlanta Youth Academy exists to advance the kingdom of God by offering an excellent Christ-centered education to low-income, urban communities.*

**Serving** Pre-Kindergarten – 8th Grade

Average Students per Classroom: 15

Number of Students: 138

Number of Faculty: 17

Number of Staff: 6

**AYA's Cost** of Education per Student: \$14,000

Tuition is scaled based on 8% of gross household income. Average scholarship provided per student is \$12,600.

Tuition revenue supports about 12% of total AYA's annual budget of \$2,305,000.

**100% of AYA graduates** move on to graduate from some of the most prestigious schools around the country.

Partial list of **high schools** where AYA alumni have attended:

Arabia Mountain Magnet School  
Cristo Rey Jesuit High School  
Greater Atlanta Christian School  
Holy Innocents' Episcopal School  
Mount Vernon Presbyterian School  
Lovett School  
Pace Academy

Piney Woods School  
Rabun Gap Nacoochee School  
Westminster Schools  
Whitefield Academy  
Woodward Academy

Partial list of **colleges and universities** where AYA alumni have attended:

Auburn University  
Fisk University  
George Washington University  
Georgia State University  
Marquette University  
Morehouse College

New York University  
Oxford College of Emory University  
Southern Methodist University  
Spelman College  
University of North Carolina-Chapel Hill



# Atlanta Youth Academy

## ADMISSIONS APPLICATION

A non-refundable application fee of \$30.00 must accompany this application. Checks should be made payable to **Atlanta Youth Academy**. A copy of the following documents must also accompany this application: **Student's Birth Certificate and a signed Records Release**.

### \*\*\*\* Student Information \*\*\*\*

Entering Grade: \_\_\_\_\_ How did you hear about AYA? \_\_\_\_\_

Students Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street*

*Apartment/Unit #*

*City, State*

*Zip*

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male

*(month/day/year)*

Female

Place of Birth: \_\_\_\_\_

*(city/state/country)*

### \*\*\*\* Parent/Guardian Information #1 \*\*\*\*

Check here if address is same as student's address

Parent's Marital Status:  Single  Married  Separated  Widowed  Divorced

Parent/Guardian's Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City, State*

*Zip*

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Occupation & Employer: \_\_\_\_\_



# Atlanta Youth Academy

### \*\*\*\* Parent/Guardian Information #2 \*\*\*\*

Check here if address is same as student's address

Parent/Guardian's Full Name:

\_\_\_\_\_

*Last* *First* *M.I.*

Address:

\_\_\_\_\_

*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City, State* *Zip*

Primary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

### \*\*\*\* Other Members of the Household \*\*\*\*

Please list all other people living in the same house as the student, including ALL siblings.

FULL NAME	RELATION TO STUDENT	GENDER (M/F)	APPROVED PICK-UP?	EMERGENCY CONTACT	CELL #	WORK #
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### \*\*\*\* Emergency Contacts and Approved Pickups \*\*\*\*

Please list additional emergency contacts (at least one) and all people approved to pick-up the student from school. Authorized pick-ups must be at least **18 years of age, and photo ID will be required.**

Please check this box if only the parents/guardians listed on the previous page are allowed to pick-up the student.

FULL NAME	RELATION TO STUDENT	GENDER (M/F)	APPROVED PICK-UP?	EMERGENCY CONTACT	CELL #	WORK #
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### \*\*\*\* Student Health History \*\*\*\*

Name of student's primary physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Please list any health issues or concerns you would like the school nurse to be aware of (i.e. allergies, problems with vision, hearing or speech, hospitalizations, medications, chronic diseases, disorders or illnesses).

\_\_\_\_\_  
\_\_\_\_\_



# Atlanta Youth Academy

## \*\*\*\*Academic Experience/Background\*\*\*\*

What is the name of the student's former school? \_\_\_\_\_

Former School City/State: \_\_\_\_\_ Former School Phone: \_\_\_\_\_

How many times has the student entered this grade level? Check one option ONLY.

- First Time     Second Time     Third Time

Has your child ever been expelled or refused admissions or readmission by any school?  Yes  No

Has your child ever received or been evaluated for Special Education Services?  Yes  No

**Only complete following section you replied "Yes" to the preceding question regarding your child.**

## \*\*\*\* Special Education Services \*\*\*\*

Please check any statement (#1-4) that applies to your child:

1.  My child has never received any special education services
2.  My child has an **Individualized Education Program (IEP)** or **Section 504 Accommodation Plan**

If you checked #2, please indicate the following as applicable.

(a) Do you have a copy of your child's **IEP or 504 Plan**?  Yes  No

(b) If your child has an **IEP or 504 Plan**, with which of the following disabilities have they been classified?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autistic/Autism                        | <input type="checkbox"/> Deaf-blindness                     | <input type="checkbox"/> Hearing impairment            |
| <input type="checkbox"/> Developmental delay                    | <input type="checkbox"/> Multiple disabilities              | <input type="checkbox"/> Orthopedic impairment         |
| <input type="checkbox"/> Emotional disturbance                  | <input type="checkbox"/> Specific learning disability       | <input type="checkbox"/> Speech or language impairment |
| <input type="checkbox"/> Traumatic brain injury                 | <input type="checkbox"/> Visual impairment (i.e. blindness) | <input type="checkbox"/> Hearing impairment            |
| <input type="checkbox"/> Other health impairment                | <input type="checkbox"/> Deafness                           |  |
| <input type="checkbox"/> Infants and toddlers with disabilities | <input type="checkbox"/> None                               |  |

3.  My child does not have an **IEP or 504 Plan**, but has undergone some evaluations.

4.  I requested that my child be evaluated for special education or related services, but the evaluations have not yet been done. If yes, when did you request the evaluation? What was the reason for the evaluation? (please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Could use extra help in reading                               | <input type="checkbox"/> Feels frustrated in school                           |
| <input type="checkbox"/> Could use extra help in writing                               | <input type="checkbox"/> Has a hard time following directions                 |
| <input type="checkbox"/> Could use extra help in math                                  | <input type="checkbox"/> Has a hard time relating with peers                  |
| <input type="checkbox"/> Has a hard time concentrating on his/her work                 | <input type="checkbox"/> Has a hard time understanding what people are saying |
| <input type="checkbox"/> Has a hard time sitting still for an extended periods of time | <input type="checkbox"/> Other<br>Please specify:                             |

## \*\*\*\* After Care Information \*\*\*\*

Will your child need after-school care?  Yes  No

Please check times:  After Care: **Mon. – Fri. 2:30pm – 6:00pm** (please note: charges may apply)



# Atlanta Youth Academy

### \*\*\*\* Religious Affiliation \*\*\*\*

Student Religion: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

### \*\*\*\* Race/Ethnicity \*\*\*\*

Is the child Hispanic/Latino? (A person of Central or South America, or other Spanish culture or origin, regardless of race)

Yes  No

Is the child from one or more races? **(Please check all that apply)**

American Indian or Alaska Native    Asian    White    Black or African American    Native Hawaiian or Other Pacific Islander

### \*\*\*\* Preliminary Assessment of Native Language \*\*\*\*

What is the primary language spoken in the home, regardless of the language spoken by the student?

\_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language the student first acquired? \_\_\_\_\_

### \*\*\*\* Disclaimer and Signature \*\*\*\*

*I understand that **Atlanta Youth Academy** is a Christian Institution. I hereby give **Atlanta Youth Academy** the right to contact any previously attended schools in regards to this enrollment of my child. I hereby certify that the information submitted in the application process, including this admissions form is true. I understand that if it is determined that any information I have provided is false, the admissions of my child may be revoked, or if my child is already in attendance, he/she may be subject to immediate expulsion.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR SCHOOL USE ONLY

	Initials/date
App Rec'd	____/____
App Fee	____/____
Enrollment Deposit	____/____
Contract Signed	____/____



# Atlanta Youth Academy

## STUDENT RECORD RELEASE FORM

Name of Sending School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

*City*

*State*

*ZIP Code*

***Has my authorization to transmit the accumulated school records of:***

Current Grade: \_\_\_\_\_ Date of Birth (MM/DD/YEAR)A? \_\_\_\_\_

Students Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

**TO:** **Atlanta Youth Academy**  
**Admissions Officer**  
 Address: **2120 Forrest Park Rd SE**  
**Atlanta, GA 30315**  
**mainoffice@atlantayouthacademy.com**

OR E-mail to:

### **Admissions Documents Requested**

- Student's Birth Certificate
- Name of student's custodial parent/guardian, address and telephone number
- Academic transcripts and Discipline records
- Attendance data
- Health records
- Standardized test scores

### *RTI and Special Education (if applicable)*

- Academic interventions
- Behavioral interventions
- Diagnostic reading test results
- Psychiatric and Psychological evaluations
- Speech and Hearing evaluations
- Individualized Education Plans
- 504 Plans

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_





# Atlanta Youth Academy

## Principal/Headmaster Evaluation

**Instructions for Applicant's Parents:** This form is required for application to **Atlanta Youth Academy**. Only the admissions committee of **Atlanta Youth Academy** will view this application.

**Instructions for Principal/Headmaster:** Please make a copy for your records and send the original form to Atlanta Youth Academy, 2120 Forrest Park Rd, Atlanta, Georgia 30315 or e-mail a copy to **mainoffice@atlantayouthacademy.com**

### TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to **Atlanta Youth Academy**. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Name of Student Applicant** \_\_\_\_\_ **Current Grade Level** \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY PRINCIPAL/HEADMASTER

#### Principal's/Headmaster's Evaluation:

Has this applicant ever been expelled, asked to withdraw, or suspended from your school for disciplinary and/or academic reasons? If so, please provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this applicant ever undergone an individual psycho-educational test, such as diagnosing learning disabilities or emotional difficulties?    Yes    No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

How would you rate the applicant's family overall support of the school?

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution?    Yes    No  
If so, please explain.

\_\_\_\_\_

If applicable, does this family pay tuition in a timely manner?    Yes    No



# Atlanta Youth Academy

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Check one of the following:

- 1) I strongly endorse this candidate for admission.
- 2) I endorse this candidate
- 3) I endorse this candidate with reservations.
- 4) I do not endorse this candidate

## ADDITIONAL COMMENTS

Please provide any additional information regarding this applicant or the applicant's family that would help us to better know his/her spiritual, educational, or personal needs.

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Signature of Principal/Headmaster \_\_\_\_\_ Date \_\_\_\_\_

Principal/Headmaster's Printed Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form directly to the address listed below in an official school envelope OR email to **mainoffice@atlantayouthacademy.com**.



# Atlanta Youth Academy

## Language Arts Evaluation

**Instructions for Applicant's Parents:** This form is required for application to **Atlanta Youth Academy**. Only the admissions committee of **Atlanta Youth Academy** will view this application.

**Instructions for School:** Please make a copy for your records and send the original form to Atlanta Youth Academy, 2120 Forrest Park Rd, Atlanta, Georgia 30315 or e-mail a copy to **mainoffice@atlantayouthacademy.com**

### TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to **Atlanta Youth Academy**. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Signature of Parent or Legal Guardian \_\_\_\_\_

Name of Student Applicant \_\_\_\_\_ Current Grade Level \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY CURRENT TEACHER or FORMER TEACHER (WITHIN PAST TWO YEARS)

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

*Please evaluate the candidate in the following areas by placing a check in the appropriate column.*

	Excellent	Above Average	Average	Below Average	Poor
Effort /determination					
Classroom Conduct					
Organizational ability					
Personal initiative					
Responsibility					
Maturity relative to age					
Acceptance by peers					
Honesty/integrity					
Concern for others					
Respect by faculty					
Reading ability					
Written expression					
Oral expression					
Creativity					
Completion/quality of homework					

*(Please complete next page)*



# Atlanta Youth Academy

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Is there a disparity between ability and performance? If yes, identify behaviors associated with disparity.

---

Please describe any special accommodations this student receives in your class.

Name of the language course this student has been studying since September \_\_\_\_\_

Title/Publisher/Grade Level of text used \_\_\_\_\_

In which areas is this student likely to be successful?

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In which areas do you feel this student needs improvement?

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To your knowledge, has the student been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution?

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Additional comments concerning the applicant's class performance, conduct, participation, and prospect for success.

Check one of the following:

- (1) I strongly endorse this candidate for admission.
- (2) I endorse this candidate.
- (3) I endorse this candidate with reservations.
- (4) I do not endorse this candidate.

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher's Printed Name \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

*Please return this completed form directly to the address listed below in an official school envelope or e-mail to **mainoffice@atlantayouthacademy.com***



# Atlanta Youth Academy

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## Mathematics Teacher Evaluation

**Instructions for Applicant's Parents:** This form is required for application to **Atlanta Youth Academy**. Only the admissions committee of **Atlanta Youth Academy** will view this application.

**Instructions for School:** Please make a copy for your records and send the original form to Atlanta Youth Academy, 2120 Forrest Park Rd, Atlanta, Georgia 30315 or e-mail a copy to **mainoffice@atlantayouthacademy.com**

### TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to Atlanta Youth Academy. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Signature of Parent or Legal Guardian \_\_\_\_\_

Name of Student Applicant \_\_\_\_\_ Current Grade Level \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY TEACHER OR FORMER TEACHER (WITHIN PAST TWO YEARS)

Teacher Name: \_\_\_\_\_ School Name: \_\_\_\_\_

*Please evaluate the candidate in the following areas by placing an X in the appropriate column.*

	Excellent	Above Average	Average	Below Average	Poor
Effort /determination					
Classroom conduct					
Organizational skills					
Personal initiative					
Responsibility					
Maturity relative to age					
Acceptance by peers					
Honesty/integrity					
Concern for others					
Respect of faculty					
Reading ability					
Written expression					
Oral expression					
Creativity					
Completion/quality of homework					
Parent involvement					

*(Please complete next page)*



# Atlanta Youth Academy

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Is there a disparity between ability and performance? If yes, identify behaviors associated with disparity.

---

Please describe any special accommodations this student receives in your class.

---

---

Name of the language course this student has been studying since September \_\_\_\_\_

Title/Publisher/Grade Level of text used \_\_\_\_\_

---

---

In which areas is this student likely to be successful?

In which areas do you feel this student needs improvement?

---

---

To your knowledge, has the student been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution?

---

---

Additional comments concerning the applicant's class performance, conduct, participation, and prospect for success.

Check one of the following:

- (1) I strongly endorse this candidate for admission.
- (2) I endorse this candidate.
- (3) I endorse this candidate with reservations.
- (4) I do not endorse this candidate.

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher's Printed Name \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

*Please return this completed form directly to the address listed below in an official school envelope or e-mail to **mainoffice@atlantayouthacademy.com***



# Atlanta Youth Academy

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## AUTHORIZATION FOR FIRST AID AND EMERGENCY MEDICAL CARE

I, the undersigned, being the parent/legal guardian of \_\_\_\_\_, a child of \_\_\_ years of age, do hereby authorize nurses, physicians, surgeons, or dentists chosen by personnel of Atlanta Youth Academy furnish whatever first aid, medical care or surgical care or management they may deem reasonably necessary for the well-being of said child while the child is attending Atlanta Youth Academy and/or any school sponsored or authorized trips. I also understand that in case of a medical emergency, including but not limited to allergic reaction, asthma episode, cardiac arrest, or cessation of breath, school personnel may need to administer an emergency response, including but not limited to epinephrine injections (if medical prescription provided by parents), nebulizer treatments (if medical prescription provided by parents), automatic external defibrillator, and/or CPR. I also give permission to school personnel to administer medications or use medical equipment in the event of an emergency and hereby release Atlanta Youth Academy, its staff members, and its officers from any liability for any injuries or damages associated with the response.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Parent/Legal Guardian*

Print Name: \_\_\_\_\_

*Parent/Legal Guardian*