



# Atlanta Youth Academy

2021-2022 ACADEMIC YEAR

Direct Admissions documentation to:  
**Atlanta Youth Academy**  
2120 Forrest Park Rd SE  
Atlanta, Georgia 30115  
or [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com)

## ADMISSIONS APPLICATION

A **non-refundable application fee of \$30.00** must accompany this application. Money Order and 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 learn of Atlanta Youth Academy? \_\_\_\_\_

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

*Last*

*First*

*M.I.*

Address \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

*County*

Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender  Male  Female

Place of Birth (City, State, Country) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

### Parent/Guardian Information #1

Parents' Marital Status:  Single  Married  Separated  Widowed  Divorced

*Last*

*First*

*M.I.*

Check here if address is same as student's

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

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

*Occupation*

*Employer*

## Parent/Guardian Information #2

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

**Check here if address is same as student's**

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

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

County \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_

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

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 Pick-Ups

*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 number: \_\_\_\_\_

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).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Academic Experience / Background

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

City/State: \_\_\_\_\_ Current 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 if you replied "Yes" to the proceeding question regarding your child.**

## Special Education Services

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

- My child has never received any special education services
- 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                               |  |

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

Please specify: \_\_\_\_\_

## After Care Information

Will your child need before and/or after care?  Yes  No

After Care: **Mon. – Fri. 2:30pm – 6:00pm**

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

Printed Name: \_\_\_\_\_

<b>FOR SCHOOL USE ONLY</b>	
	Date/Initials
App Rec'd	_____
App Fee	_____
Enrollment Deposit	_____