



Application for Admission to:  Day School  Extended Day  Tutoring

Directions: Please print. An official copy of the applicant's transcript and any additional testing should accompany this application

Print Full Legal Name Below:			Date of Application:		
Last Name		First	Middle	Called	
Address			Age	Date of Birth	
City	State	Zip	Social Security Number		
Home Phone ( )			Current School	Married	
Current Grade	To Enroll In Grade		Resides in	School System.	
Admission for: <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Summer School <input type="checkbox"/> Immediately					
Custodial Parent or Guardian Information					
Parents are <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Parents Deceased					
Student resides with <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (relationship to student _____)					
Custody with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (relationship to student _____)					
Father			Mother		
Name			Name		
Address (if different)			Address (if different)		
City/State/Zip			City/State/Zip		
Home Ph. (if different) ( )			Home Ph. (if different) ( )		
Office Ph. ( )	Cell Ph. ( )		Office Ph. ( )	Cell Ph. ( )	
Pager ( )	Voice Mail ( )		Pager ( )	Voice Mail ( )	
e-mail			e-mail		
Employer	City/State		Employer	City/State	
Occupation			Occupation		
Billing/Correspondence Information					
Name of person responsible for paying tuition:					
Social Security No.			Banking Institution		
Bills should be sent to:					
Send Report Cards/Correspondence to:					
Transportation Information					
<b>Student has permission to:</b>			<b>Vehicle information for cars driven to school:</b>		
Drive a motor vehicle to school: <input type="checkbox"/> Yes <input type="checkbox"/> No			Make            Year            Tag		
Ride with another student: <input type="checkbox"/> Yes <input type="checkbox"/> No			Make            Year            Tag		
Leave the campus on his/her own: <input type="checkbox"/> Yes <input type="checkbox"/> No			Student's driver's license number: _____		
			Insurance Co. and #: _____		

Accredited by GAC and ACIS.

SSAT Code: 11375    CEEB Number 110221

Atlanta Country Day School administers a nondiscriminatory policy of admission in regard to race, creed, color, sex, and ethnic or national origin.

8725 Dunwoody Place Suite 2, Atlanta, Georgia 30350

(770) 998-0311 Fax (770) 998-0313

Email: info@atlantacountrydayschool.com

## Medical and Emergency Information

State Law requires that each student's file contain a current immunization record. Please contact the student's current school or physician and have a copy sent to Atlanta Country Day School. If you have moved to the area from out of state, please contact your local physician or health department to have the Georgia form completed.

Please circle and of the following illnesses your child may have had to is subject to having:

allergies    appendicitis    asthma    colds    bronchitis    chicken pox    diabetes    constipation    German measles  
diarrhea    dizziness    earaches    epilepsy    fainting    hepatitis    backaches    indigestion  
measles    mononucleosi pneumonia    polio    sinusitis    sore throat    vomiting    whooping cough    skin disorders

Does the student take any type of prescribed medication?  Yes  No If yes and if it is to be given at school, please give name, dosage, and time it should be given. Medication taken at school must be submitted in the original prescription bottle, and the appropriate forms must be completed.

If your student takes medication at home, please provide the name of the medication in the event of a medical emergency.

May school officials give acetaminophen, Benadryl, ibuprofen, aspirin, or other over the counter drugs for minor ailments?  Yes  No If no, please explain and give specific restrictions.

Are there any physical or emotional factors that would restrict the student from full participation in physical education or other school related activities?  Yes  No If yes, please explain

Please list all allergies and sensitivities to drugs and foods.

Please explain any past hospitalization the applicant has experienced.

Name of student's physician: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Please give the name and phone numbers of two people we can contact in case of an emergency when we are unable to contact the student's parents.

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical/Emergency Attention Permission:** *As attested by our signature on this document , we also agree to the following:*

In the event of any situation (emergency, sickness, or accident) involving the student at a time and/or place in which I/we, Parent/guardian, cannot be contacted or that it is impractical to contact the parent/guardian, I/we authorize the school to act in loc parentis (in place of parents) to provide care, assistance, management, or services the student may require. I/we, the parent/guardian, agree to reimburse the school for any and all expenses incurred in providing for such needs of the student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Special Instructions: Please give any information or special instructions not given above regarding the health care or welfare of your child while he/she is under the school's supervision and responsibility.

### Additional Information

The following information is requested.

Siblings:	Name	Age	School
	Name	Age	School
	Name	Age	School
Maternal Grandparents	Name		
	Address		
	City	State	Zip
	Phone		
Paternal Grandparents	Name		
	Address		
	City	State	Zip
	Phone		

Religious Affiliation (optional)

How did you hear about us?

<input type="checkbox"/> Friend	Name:	<input type="checkbox"/> Consultant	Name:
<input type="checkbox"/> Alumnus	Name:	<input type="checkbox"/> Newspaper	Name:
<input type="checkbox"/> Educator	Name:	<input type="checkbox"/> Other	Name:

*Please complete following questions*

Photography permission:  Yes  No The applicant and his parents give the school permission to have his/her photograph and name appear in school publications and promotional materials. If no, please explain.

Directory Permission:  Yes  No The applicant and his parents give the school permission to have their address and phone number published in the Student Directory.

### Academic Information and Needs

Please provide a brief explanation of your child's academic needs. Please include classroom performance, effective organizational/study strategies, and learning profile to include focus, strengths, and weaknesses.

Has the students received supplemental tutoring or academic assistance in the past? Please explain.

Special abilities and talents, awards and honors received, and accelerated programs:

Extra-curricular activities:

Please list below all previous schools the student has attended since beginning the 6th grade.

School	Grade	School	Grade
School	Grade	School	Grade
School	Grade	School	Grade

Has the student ever repeated a grade?  Yes  No If yes, please explain.

Has the student taken the SSAT, PSAT, or SAT exams?	Exam	Date	Score
	Exam	Date	Score

Has the student had excessive absences and tardies from school?  Yes  No If yes, please explain.

Atlanta Country Day School and Riverside Learning Lab are designed to help students achieve academically and become success oriented. The school is not an appropriate setting for students who have disciplinary problems or significant learning disabilities.

Please respond to the following questions. The information is confidential.  
You may use additional paper for explanations

In school suspension.	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)
Out-of-school suspension.	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)
Expulsion.	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)
Involvement with law officials.	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)
Alcohol/Substance abuse.	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)

In order to effectively plan your child's academic program, we request copies of all testing information.

Has the student had a complete psychological/educational evaluation  No  Yes Date \_\_\_\_\_

May we contact the examiner?  No  Yes May we request a copy of the records?  No  Yes

Name of examiner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In accordance with regulations regarding the privacy rights of parents and students, the undersigned hereby consents to the release of pertinent information from present and past schools concerning the below named student. Such information may include:

- Official Transcript  Standardized Test Scores  Immunization and Health Records  
 Educational/Psychological Reports  Individual Education Plan  Grades of Courses in Progress  
 Other \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Guardian Student (18 or over)

### Statement of Agreement

Please read carefully before signing and submitting:

We certify that we have read this application and understand the terms of the enrollment agreement, and we further certify that the information we have submitted is complete and correct to the best of our knowledge and belief. We agree to communicate to the school in writing any changes in any information contained herein. We understand that upon discovery of any inaccuracy of information contained herein, or omission of information requested herein, Atlanta Country Day School reserves the right to make reasonable changes to said rules and regulations without prior notice.

Atlanta Country Day School reserves the right to search the person, possessions, vehicles or lockers of students or visitors without prior knowledge. Failure to submit to such a search may result in expulsions without credit.

Students who miss more than 10% of class time (excused or unexcused) put their credits at risk. Students who miss more than 10% must make up all work and/or will be required to attend tutorial sessions to make up seat time. Tutorial sessions are at additional cost.

We understand that if the student withdraws or is dismissed after enrollment, full tuition is expected for the current semester enrolled. We also understand that Atlanta Country Day School reserves the right to put a hold on the release of student records until all financial and/or disciplinary obligations are satisfied.

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Photograph:** Please attach a recent photograph to the front of this application. (It may be a family photo)