

MEDICAL INFORMATION: Please list any medical or personal information that may benefit the staff of Atlanta Country Day School. If the student takes medication (including over the counter pain relievers, etc.) during school hours, the medication must be kept in the front office where it will be dispensed at the proper time. All medication must be submitted to the front office and must be clearly labeled with the amount and time of dosage.

IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

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NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: _____

INSTRUCTIONAL INFORMATION/LEARNING STYLES OR DISABILITIES/CURRENT SCHOOL'S REQUIREMENTS/ADDITIONAL

COMMENTS: Please provide any information that may assist the instructor who will be working with your student, including but not limited to areas of weakness, learning issues, or requests from the current school.

PLEASE READ AND SIGN

I have read and I understand Atlanta Country Day School's summer school policies. I have obtained permission from my child's current school, and I understand the tuition is non-refundable during summer school. Payment is due on or before the first day of each session. Transcripts will not be issued for students with outstanding financial obligations.

I understand daily attendance is required for my child to earn credit for his or her classes and that students who miss in excess of ten percent of seat time place their credits in jeopardy. I understand the Atlanta Country Day School reserves the right to require makeup time for absences or tardies and that this makeup time may be billed at a tutorial rate.

Parent's Signature: _____

Date: _____

Atlanta Country Day School maintains a non-discriminatory policy of admissions in regard to race, gender, creed, color, sexual preference, or ethnic or national origin.