

ALEXANDER PREPARATORY SCHOOL

Application for Enrollment

Please include a picture of your child with the application.

INSTRUCTIONS

- 1. Application is to be completed by Parent or Guardian. (All information is confidential)**
- 2. Please send the applicant's current educational records to APS prior to interview.**
- 3. Both Parents/Guardians must sign the application.**
- 4. Include a copy of the child's birth certificate.**
- 5. Include a copy of your child's insurance card.**
- 6. A non-refundable \$150 Application Fee must accompany this application.**

APPLICATION CHECKLIST

- Application**
- Parent Questionnaire**
- Emergency Medical Treatment**
- Emergency Dismissal/Release**
- Student Health Record**
- Medical Examination**
- School Certificate of Immunization**
- Birth Certificate**
- School Certificate of Eye, Ear & Dental**
- Athletic Participation & Daily Activity Trip**
- Request for Release of School Information**
- Teacher Recommendation(s)**
- Technology Code of Ethics Agreement**
- Copy of Medical Insurance Card**

Date of Application

/ /

Full Legal Name of Applicant:

Preferred Name: _____ **Gender:** M / F **Social Security Number:** _____ - _____ - _____

Street Address:

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Date of Birth: _____ / _____ / _____ **Age:** _____ **Citizenship:** _____ **Place of Birth:** _____

Applicant's Legal Guardians:

Please send financial correspondence to

Please send school correspondence to

School student now attending: _____ **Grade:** _____

Previous Schools 1. _____ **2.** _____ **3.** _____

Father's Name: _____ **Age:** _____ **Check if Deceased**

Level of Education: _____ **Degree:** _____ **Institution Name:** _____

Business: _____ **Position:** _____

Address:

Phone Home _____ - _____ - _____ **Work** _____ - _____ - _____ **Cell:** _____ - _____ - _____

E-Mail:

Marital Status: Married Single Separated Divorced

Mother's Name: _____ **Age:** _____ **Check if Deceased**

Level of Education: _____ **Degree:** _____ **Institution Name:** _____

Business: _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Home _____ - _____ - _____ **Work** _____ - _____ - _____ **Cell:** _____ - _____ - _____

E-Mail:

Marital Status: Married Single Separated Divorced

Application Parent Questionnaire

1. How did you learn of Alexander Preparatory School?
2. Write a description of your child (Use additional sheet if needed)
3. What are your child's chief strengths?
4. What are your child's areas of greatest need?
5. What are your child's hobbies or interests? In what sports has your child participated?
6. Has your child been diagnosed as having any special needs?
7. Is your child currently receiving any medication? Yes No

If YES, name of medication and describe the condition for and dosage:

8. List any medical conditions significant to your child's well-being:
9. History of emotional or behavioral relating to family, peers, or academic setting? Yes No
 - a. Has any evaluation or treatment been conducted relating to these problems? Yes No
 - b. If YES, describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Alexander Preparatory School.

Psychologist and/or Psychiatrist

Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ - _____ - _____

10. Has the applicant ever been subject to disciplinary action in any school? Yes No

If YES, please give dates and details. (Use additional sheet if needed.)

11. Has the applicant ever been involved with law enforcement authorities? Yes No

If YES, please give dates and details. (Use additional sheet if needed.)

Zero Tolerance Policy

By signing this application, we are, again stating that we understand and agree that smoking is not permitted at Alexander Preparatory School; that Alexander Preparatory School maintains a zero tolerance policy with regard to alcohol, illegal drugs (use of, positive talk regarding, and paraphernalia associated with), weapons and violence (verbal and physical), and the inappropriate use of technology; and that we have discussed these policies with our child. Violation of Alexander Preparatory School policies will lead to disciplinary action including In-School Suspension, Out-of-School Suspension, and/or Expulsion.

	_ / _ / _
Signature of Student	Date
	_ / _ / _
Signature of Parent or Guardian	Date

Application Emergency Dismissal/Release

In anticipation of the possibility of transportation changes, emergencies, or dismissal due to snow or other causes, we need your cooperation in completing and returning this form. This is particularly important information in the event of a change in your transportation arrangements, serious illness, or accident, and it is also necessary should school need to be dismissed early. Please be sure that the information you provide is current and correct, and do notify the person you list as an emergency contact. In case of emergency, please contact:

Name:

Home Telephone: ____ / ____ / ____ **Work Telephone:** ____ / ____ / ____

Address:

Relationship of party to student:

If the above named individual is unavailable and/or, if at the discretion of Alexander Preparatory School, it is more advantageous, I also authorize Alexander Preparatory School, to release my child to the following Alexander Preparatory School family(ies):

After completing this entire application, please attach a copy of the teenager’s birth certificate and the completed Student Health Record, transcripts, and disciplinary documentation, and mail to Alexander Preparatory School. In addition, please arrange to have copies of recent educational, psychological, and medical reports mailed to Alexander Preparatory School as quickly as possible. I certify that I have read, that I agree with, and that I understand this application. Further, I certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein or omission of information requested herein, Alexander Preparatory School reserves the right to revoke any admission to Alexander Preparatory School. I also agree that Alexander Preparatory School may publish my address and telephone number in a private student directory. Alexander Preparatory School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. I understand that placement at Alexander Preparatory School is on a year-to-year basis only and that there is no specific or implied guarantee that this applicant can be retained by or in Alexander Preparatory School beyond the one-year period to be specified.

Parent or Guardian (Please Print Name)

Signature: _____ Date: ____/____/____

Parent or Guardian (Please Print Name)

Signature: _____ Date: ____/____/____

Student Health Record Student Health History

(To Be Completed by Parent or Guardian)

Instructions: Parents/Guardian, please complete this form and submit it with the application prior to or at the interview. The applicant's physician should complete the Medical Examination, which must be on file prior to the student's admission.

Student's Full Legal Name: _____ **Birth Date:** ____/____/____

Illnesses: Please check those illnesses the student has had or to which he/she may be subject to having:

Appendicitis Backache Bronchitis Chicken Pox Colds Frequent Severe
 Constipation Diabetes Dizziness Earache Epilepsy Fainting German
 Measles Hepatitis Herpes Indigestion Measles Mononucleosis Mumps
 Pneumonia Polio Rheumatic Fever Skin Disorder Sinusitis Sore
 Throat Vomiting Whooping Cough

Has the student experienced or is the student subject to having any type of emotional problems?

Yes No If YES, please explain:

Has the student ever been hospitalized? Yes No If YES, please explain

Has the student experienced or is the student subject to any type of alcohol or drug use or abuse?

Yes No If so, please explain:

Does the student smoke? Yes No If yes, please relate to the applicant that Chrysalis Experiential Academy, Inc. has a no smoking/ no tobacco products policy.

Other than any of the typical childhood communicable diseases listed above, has the student ever been diagnosed with any type of communicable disease? Yes No If yes, please explain:

Is the student capable of participating in physical education classes and intramural/interscholastic sports? Yes No If no, please explain:

Does the student have any allergies? Yes No If yes, please explain:

May the student be given over-the-counter medication (such as Tylenol/Advil or their generics) by School personnel? Yes No

If yes, please specify if there are any such medications that should not be given:

I attest that the above information is true and accurate to the best of my knowledge. If accepted, I grant Chrysalis Experiential Academy Inc. officials permission to secure necessary medical attention at our expense for the above-names applicant in case of an emergency or my absence.

Signature of Parent/Guardian _____ **Date** ____/____/____

Medical Examination

To be completed by Applicant's Physician

Instructions: The information below must be completed by the applicant's physician and returned promptly to: Alexander Preparatory School 6470 GA Hwy 400 Cumming GA 30028

Phone: 770 649-7077 FAX 678-942-1056

Name of Student _____ Date of Examination ____/____/____

Physical Characteristics Height ____ ft., ____ in. Weight ____ lbs. Complexion _____

Color of Hair _____ Color of Eyes _____

Birthmarks or Distinguishing Features

General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth
Urinalysis Reflexes Psychological Factors Blood Hearing
Blood Pressure Neck Chest Heart Abdomen Back Rectum GU
Extremities Immune system

Explanation of any of the above items:

Summary and Impressions:

Recommendations:

To the best of your knowledge, is this person physically capable of participating in physical education sessions? Yes No (Please Explain) _____

Physician: _____ Signature: _____ Date: _____

Street Address _____

City _____ State ____ Zip _____ Office Phone ____ - ____ - _____

Athletic Participation & Daily Activity Trip

This form instructs Alexander Preparatory School in which athletic events or physical education activities your son/daughter may participate and provides permission for Alexander Preparatory School to act on your behalf when your son or daughter is on an activity trip and medical attention is needed.

Adherence to Rules and Regulations/ Authorization and Agreement

Please read (Parent and Student): As attested by our signature/s, I understand and agree to conform to all the rules and regulations governing students of Alexander Preparatory School while on an activity, trip, or weekday activity. I understand that the breach of any of these regulations may result in disciplinary action up to and including dismissal from Alexander Preparatory School. Understanding that my child may need emergency medical treatment during the hours when he/she attends or participates in Alexander Preparatory School activity trips and school-sponsored weekday trips, I authorize Alexander Preparatory School personnel to administer such first aid or other minor medical treatment as such person shall deem best under the circumstances. I further authorize Alexander Preparatory School and its employees or agents to seek further medical treatment for my child should such employee or agent deem it necessary under the circumstances. I consent to all such medical treatment and agree to be financially responsible for the same. I also understand that medical insurance is not provided by Alexander Preparatory School and the responsibility for providing such coverage rests with me as parent or legal guardian for my child. To my knowledge, my son/daughter has no injuries or illnesses that will hinder his/her participation in these activities. If so, I am providing the information on the back (blank space) of this form. In the event there is an injury or illness that would restrict my child's participation in any activity or trip, I will immediately notify Alexander Preparatory School personnel in writing. I also give my child permission to participate in all daily activity trips planned by Alexander Preparatory School. I allow my child to be transported by myself, another parent, or a Alexander Preparatory School faculty member. My son/daughter and I further agree to release Alexander Preparatory School and its employees and agents from all liability for injury to person or property sustained by my child from participation in Alexander Preparatory School's physical education, intramural, interscholastic, school-sponsored trips, or extracurricular activity programs. I hereby state that I have read, understand, and will comply with all the foregoing requirements and regulations.

Signature of Parent/Guardian _____ **Date** ___/___/___

Signature of Student _____ **Date** ___/___/___

Request for Release of School Information

Please fill out this form and send it directly to the last school attended by your child.

(Do not return this form to Alexander Preparatory School)

I hereby authorize _____ (Name of School) to release information from the record of _____ (Full name of child) to Alexander Preparatory School. The information released will remain confidential.

Parent's or Guardian's Signature: _____ Date: ___/___/___

Note to School: A request has been made to Alexander Preparatory School to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student. Please send copies of such materials to the following:

Alexander Preparatory School 6470 GA Hwy 400 Cumming GA 30028

School Information Requested

1. Grade Record
2. A copy of all psychological evaluations, including the following test scores:
 - a. Group and individual Intelligence Tests (including Profile Sheets).
 - b. Achievement Tests: Reading, Spelling, and Arithmetic
 - c. Any other tests given.
3. Individual Education Plan (if applicable).
4. Teacher, Guidance Counselor, and/or other staff comments: use recommendation form.
5. Discipline Records.
6. Health Record.
7. Attendance Record.
8. Transfer Records.
9. Any available dated samples of child's work.

Technology Code of Ethics Agreement

Computers and other forms of technology are an important part of the academic environment at Alexander Preparatory School. Students must use technology in a responsible manner. To ensure that all students and parents understand our policies, we ask that parents review the following Technology Code of Ethics with their children. After this form has been signed and returned to Alexander Preparatory School, students will be permitted to use computers/technology at Alexander Preparatory School

Technology Code of Ethics

1. It is Alexander Preparatory School's policy that students shall not alter or attempt to alter company or private property including technology hardware and software.
2. Students shall not bring computer software any Alexander Preparatory School site to be used on company computers without the prior approval of a Director or an instructor.
3. Students will not violate the copyright laws concerning computer software and the use of digital images, sounds or other data. Students will not make or use illegal copies of software.
4. Students will not attempt to learn or use any computer security passwords.
5. The consequences for violating the above policies are listed in the Parent/Student Handbook. Alexander Preparatory School considers abuses of these policies serious offenses. By reading the above statements and signing below, parents are giving their permission for their children to have access to Internet resources while enrolled in Alexander Preparatory School programs. Students are permitted to use the Internet only for educational purposes and only under direct supervision by Alexander Preparatory School Staff. Some material on the Internet may not be of educational value. The use of the Internet is a privilege, not a right. Inappropriate behavior may lead to the revocation of this privilege as well as to possible disciplinary action. The decision as to appropriateness will be made by the Alexander Preparatory School employee/instructor.

Student Name: _____ **Parent: I hereby give my permission for** _____ **to access information on the Internet. I understand that misuse of this privilege by my child will result in termination of Internet privileges and/or disciplinary action.**

I do not want my child to have access to the Internet with Alexander Preparatory School

Parent Signature _____ **Date** ___/___/___

Student's Signature _____ **Date** ___/___/___

Annual Admission Data

CONFIDENTIAL INFORMATION

CHILD Full Legal Name: _____ Preferred Name: _____
 Previous School Attended: _____ Age: _____ Birth date: ____/____/____
 Complete Home Address: _____ City: _____ State: _____ Zip: _____
 Insurance Company: _____ Policy Number: _____

This form must be completed, signed, and placed on file at our center prior to the first day of your child's attendance. It must be updated whenever a change occurs, and must be resubmitted annually. This form will accompany your child to the hospital in case of an emergency, so accuracy and completeness is of utmost importance.

PART I: EMERGENCY LOCATOR

MOTHER OR GUARDIAN May pick-up child? Yes No

Legal Name: _____ Preferred Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ - _____ - _____ Occupation: _____ Employer: _____
 Business Address: _____ City: _____ State: _____ Zip: _____
 Work Phone: _____ - _____ - _____ E-Mail: _____

FATHER OR GUARDIAN May pick-up child? Yes No

Legal Name: _____ Preferred Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ - _____ - _____ Occupation: _____ Employer: _____
 Business Address: _____ City: _____ State: _____ Zip: _____
 Work Phone: _____ - _____ - _____ E-Mail: _____

STEPPARENT May pick-up child? Yes No

Legal Name: _____ Preferred Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ - _____ - _____
 Work Phone: _____ - _____ - _____ E-Mail: _____

STEPPARENT May pick-up child? Yes No

Legal Name: _____ Preferred Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ E-Mail: _____

EMERGENCY HELP A. If not already provided above, give names, numbers, or instructions as to how parents or guardian may be reached during the time your child is in school (be specific):

B. Persons the School may contact in an emergency if those persons listed above cannot be reached (they all may pick-up my child; the school will abide by Georgia state law for teenaged drivers):

NAME _____ RELATIONSHIP _____

Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ Home Phone _____ - _____ - _____

PART 2: DISEASES & ILLNESSES

GEORGIA STATE LAW REQUIRES your child have a certificate of immunization on file prior to his/her first day of attendance. This certificate can be obtained from your child's doctor.

A. Is medication required on a scheduled basis? Yes No If so, what types? _____

B. Name and address of local prescribing physicians(s) _____

C. Does your child suffer from any of the following? Diabetes Epilepsy Asthma

Hyperactivity Learning Disabilities Attention Deficit Disorder

Other Allergies or Illnesses _____

D. Is there any need to restrict your child's physical activity? _____ If so, please explain: _____

E. Please tell us in detail anything you feel we need to know which will help us protect the health and general well-being of your child. Attach a separate sheet of paper if additional space is needed.

PART 3: OTHER FAMILY MEMBERS

I. SIBLINGS

1. NAME _____ AGE _____

2. NAME _____ AGE _____

3. NAME _____ AGE _____

II. GRANDPARENTS OR OTHER PERSONS you would like included on mailing lists

Name: _____ E-Mail _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Name: _____ E-Mail _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Name: _____ E-Mail _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Alexander Preparatory School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies or admissions decisions.

PART 4: SPECIAL PERMISSIONS DIRECTIVE

We, the undersigned parents or guardian, authorize the following regarding our above-named child: PICK-UP Our child can be released from the School to the following person(s) other than ourselves (Note: Alexander Preparatory School will abide by Georgia state law for teenaged drivers):

Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

FIELD STUDIES

Our child can participate in, and be transported to and from school on “away from school” field studies, or other activities, if included in the School’s program. We understand that Alexander Preparatory School will make every effort to notify us of upcoming field trips and to provide us with dates, times, and places, as appropriate.

ACCIDENT, ILLNESS, OR EMERGENCY

In the event your child should become ill, have an accident, or the administration of an anesthetic or the performance of emergency surgery is necessary (as, for example, in the setting of a broken bone), and neither of the undersigned is available to give permission, then we the undersigned parents or guardians, authorize and empower a representative of Alexander Preparatory School to act for us and to give such permission for the treatment, administration of an anesthetic, or the performance of emergency surgery on our child.

AUTHORIZING SIGNATURES

We have read “Part 4” above and give our permission as stated. We also attest that all information provided in “Part 1,” “Part 2,” and “Part 3” of this form is correct to the best of our knowledge. Finally, we acknowledge that we are still in agreement with the Technology Code of Ethics, Zero Tolerance Policy, and give permission to photograph and film our child for school purposes.

Signature of Person Completing This Admission Form: _____

Signature of Other Parent of Guardian: _____