

Intent to Enroll Form



This completed application is due March 5, 2012.
Students will lose their placement on the school roster if
this form is not received or postmarked by Monday, March 5.

FOR OFFICE USE ONLY

Date form received _____

Child's teacher _____

- I intend to enroll my child in The Museum School of Avondale Estates for the 2012–2013 school year. I am aware that official enrollment is contingent upon me providing all required documents before July 1, 2012.
- I do not intend to enroll my child in The Museum School of Avondale Estates for the 2012–2013 school year. I understand that school staff will remove my child's name from the active class roster immediately and his/her spot will be offered to another student.

Documents Required for Registration

All documents should be submitted to the school as soon as possible. Documents can be dropped off at or mailed to 3191 Covington Hwy., Avondale Estates, GA 30002. Documents must be received by July 1, 2012.

- Georgia Immunization Form 323 I
- Hearing/Dental/Vision Screening Form 3300
- Proof of custody or guardianship if not birth parent
- Withdrawal records from previous school showing grade placement, if applicable (May be submitted through July 1 to accommodate processing)

Registration

Child's Name _____

Parent's Name _____

Home Address _____

City _____ State _____ Zip _____

Home phone number _____ Grade for 2012-2013 school year _____

Birth date _____ Race/Ethnicity _____

Emergency Information

In case of an emergency, 911 will be called and the student will be taken to the nearest hospital, if deemed necessary.

Child's known health problems/allergies: _____

Medications student is taking: _____

* Parents will be required to complete a form in August documenting details regarding the administration of the medicine. Parents must complete this form prior to medicine being administered by a staff member.

Emergency Contact Numbers: (in case parent(s) cannot be reached)

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

Family Doctor's Name _____ Phone number _____

Student Release Information

Students will only be released to persons listed below (in addition to parents/guardians). In order to release children to anyone else, the school must have written or verbal permission from an authorized parent/guardian whose signature appears on this form.

Name _____ Phone number _____ Relationship _____
Name _____ Phone number _____ Relationship _____
Name _____ Phone number _____ Relationship _____

Academic Information

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

Does your child currently have an Individualized Education Plan (IEP)? Yes No

* If yes, please attach the IEP and any supporting documents.

Does your child receive Gifted services? Yes No

* If yes, please attach any supporting documents.

Home Language Survey

What is the first language the child/student learned to speak? _____

What language does the child/student speak most often? _____

What language is most often spoken in your home? _____

Does the child/student speak any languages other than English? _____ What? _____

Do the parents read and understand English? Yes No

Media Release

I give permission for my child to be photographed and/or videotaped and for images of my child to be published or included in school publications, school website, Exhibit Night displays, and promotional pieces such as brochures and news articles promoting the school.

I DO NOT give my permission for my child to be photographed or videotaped.

E-Mail Addresses

Please provide e-mail addresses for both parents (or legal guardians). We will send important school information via e-mail throughout the school year.

Parent/Legal Guardian _____ Parent/Legal Guardian _____

I do not have internet access and request that hard copies of school information be provided.

School Directory

The Museum School of Avondale Estates will create a school directory of students so that families may contact one another for purposes of school/class events, birthday parties, etc. The directory will be distributed through e-mail and by hard copy to families that have chosen to participate in the directory. Please check one.

I would like for all of my family's contact information to be included in the School Directory.

1) child's name and birth date 2) parents' names 3) address 4) phone number 5) e-mail

I would like for my family's contact information to be included in the School Directory, but please don't include _____

I would NOT like for my family's information to be included in the School Directory.

The above information is correct and complete to the best of my knowledge. I understand that it is my responsibility to inform the school immediately if there is a change in my contact information.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

