Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Legal Name (first, middle, last) Suffix (Jr., Sr., II, lII, IV, V) | | | | | | | | | **Student** Date of Birth (mm/dd/yyyy) |
| Grade Level This School Year | | | Grade Level Last School Year | | **Student** Soc. Sec. # (requested) \* | | | **Student** City and State of Birth | |
| **Please confirm a parent or legal guardian is re-enrolling your scholar.**  Yes ­­­\_\_ No \_\_ | | | | | | **Confirm you received notice of tuition requirements for the upcoming school year.**  Yes \_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Student** Gender  M F  **Student** Home Phone # | | **Student Address**  House number and street name, apartment #, city, state, zip code, Housing Development Name (if applicable)  **Residence County (if other than Fulton County):** | | | | | | | |
| **PARENT OR GUARDIAN** | | | First and Last Name | | | | | | Relationship to student: Mother Father Foster Parent Stepmother Stepfather Legal Guardian | | |
| Home Telephone | | | Cell Phone | | | Work Telephone | | |
| E-mail address | | | | | | | | |
| **Read the following carefully. Check appropriate box below statement and sign below.** | | | | | | | | | | |
| **Student Media Release:** I hereby authorize the videotaping/filming/photography of my child, and/or the release of his/her name and achievement(s) for publishing (print, World Wide Web) and/or broadcasting purposes. I also consent to the showing of video/film/photographs to any person. I understand that the Ahayah Academy Education System is not a party to outside organizations’ photography/filming/video production and will hold Ahayah Academy Education System and its employees harmless from any liability in connection with a production not produced internally by Ahayah Academy Education System.  **I give permission \_\_\_\_\_\_ I do not give permission \_\_\_\_\_\_\_** | | | | | | | | | | |
| **REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.** | | | | | | | | | | |
| **Under penalty of perjury, I declare** that I have read the foregoing form and that the facts stated in it are true and accurate.    ***Parent/Guardian/Surrogate Signature (Student Signature if emancipated)***  ***Date*** | | | | | | | | | | |