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** GenderM 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*** |