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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Correct logo_thumbnail**  **NEW Student Registration**  Complete both sides of the forms. Please answer all questions that apply. | | | | **OFFICE USE ONLY** | | | | | | | | |
| Previous School | | | | **Student #** | | | Student Entry Date | |
| Grade Level | | | | Teacher | | | Birth Certificate Yes No | |
| Immunization Certification Full Temp Exempt | | | | | | | Physical  Yes No | |
| Transportation: Walker Car Ext. Day SN Sibling(s) | | | | | | | | |
|  |  | | |
| 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 | | | |
| Has the student attended public school in Fulton County before?  Yes ­­­\_\_ No \_\_ | | | | | | **Student** Country of Birth  USA \_\_\_\_ Other: | | | | | | |
| **Student Ethnic Origin** (Must check Yes or No)  **Yes,** Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, **No,** not Hispanic or Latino South Central American, or other Spanish culture or origin, regardless of race) | | | | | | | | | | | | |
| **Student** Race (check all that apply)  **American Indian or Alaskan Native - I** (origins in any of the original peoples of North or South America [including Central America] and who maintains tribal affiliation or community attachment)  **Asian - A** (origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, (e.g., Cambodia**,** China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)  **Black or African American - B** (origins in any of the black racial groups of Africa)  **Native Hawaiian or Other Pacific Islander - P** (origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)  **White - W** (origins in any of the original peoples of Europe, Middle East, or North Africa) | | | | | | | | | | | | |
| **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):** | | | | | | | | | | | |
| **Check all that apply to the student’s current residence:** | | | Shelter  Shared Housing Due to Hardship Space Not Designed for Human  Habitation | | |  | Hotel/Motel  Awaiting Foster Care Foster Parent | | |  | Shelter/Group Home Relative Care Independent Living  Does not apply | |
| What date did the student first enroll in a K-12 US school? (MM/DD/YYYY) | | | | | | | | | | | | |
| 1. Is a language other than English used in the home? 2. Did the student have a first language other than English? 3. Does the student most frequently speak a language other than English? | | | | | | | If yes, what language?  Yes Yes Yes | | | | | No No No |

**Ahayah Academy New Student Registration Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Students Entering Kindergarten only - Preschool Enrollment Information - (circle all program(s) attended)**

|  |  |  |
| --- | --- | --- |
| Pre-K Disabilities | Head Start | Private Provider VPK |
| Parent Paid | Did not Attend Preschool | Private Provider VPK |
| Pre-K | School District Pre-K |  |

If student attended Pre-K, **name of Pre-K provider**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Entry Disclosures** (check all that apply)  The student has been expelled from school. Name of school  The student has been arrested or prosecuted for a violation of a criminal statute resulting in a charge. Yes No  The student has been involved with the juvenile justice system. Yes No | | | |
| **PARENT/GUARDIAN INFORMATION (Please list Parent/Guardian information in order of contact priority)** | | | |
| **PARENT OR GUARDIAN** | First and Last Name | | Relationship to student: Mother Father Foster Parent Stepmother Stepfather Legal Guardian |
| Home Telephone | Cell Phone | Work Telephone |
| Address if not the same as student (house #, street name, apartment no., city, state, zip code) | | |
| E-mail address | | |
| **PARENT OR GUARDIAN** | First and Last Name | | Relationship to student: Mother Father Foster Parent Stepmother Stepfather Legal Guardian |
| Home Telephone | Cell Phone | Work Telephone |
| Address if not the same as student (house #, street name, apartment no., city, state, zip code) | | |
| E-mail address | | |
| **Student Residence Information** Indicate with whom the student lives (check only one):  Both Parents Mother Father Parent and Step-Parent Legal Guardian Other:  Not in physical custody of Parent/Guardian (**Unaccompanied Youth**) Yes No | | | |
| Are you a parenting teen? **Yes No**  If yes, provide the following: Child’s name Date of birth | | | |

**Ahayah Academy New Student Registration Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT EDUCATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Last School Attended | Telephone - Last School Attended | | School Type (circle one only)  public *(charter schools included)*  private Pre-K home education |
| City of Last School Attended | | State of Last School Attended | |
| County of Last School Attended | | Country of Last School Attended: USA \_\_\_\_ Other: \_\_\_\_\_\_\_ | |
| **Educational Plan:** check any that apply. Provide a copy of the plan with this registration.  Individual Education Plan *(IEP)\_\_\_\_\_*504 Plan \_\_\_\_\_\_Private School Services Plan \_\_\_\_Education Plan (Gifted only\_\_\_\_ | | | |

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| **IMPORTANT: EVERYONE MUST ANSWER QUESTIONS A-D BELOW** |
| 1. Is there Court Order **barring either parent from removing the student** from school? **Yes No N/A**   If yes, **provide school with a copy** of the most current Court Order.  If divorced or separated:   1. Do parents have **shared (or joint) parental rights and responsibilities**? **Yes No N/A**   If no, **provide the school** with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.   1. Does either parent have **final decision-making authority regarding educational decisions Yes No N/A**   for the student? If yes, **provide the school with a copy** of the Court Order stating that one parent has final parental decision-making authority regarding education.   1. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of Yes No N/A No Contact, or other Court Order** that restricts or impacts access to the student by anyone, including   a parent? If yes, **provide school with a copy** of the most current Court Order. |

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| **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 \_\_\_\_\_\_\_** |
| **Notice of Technology Acceptable Use Policy For Students:** Your child may have access to many school-related activities and technology resources, including the internet. Internet access at your child’s school is filtered, monitored and is compliant with the Child Internet Protection Act (CIPA) and school Internet Usage Policy. Your child will be required to follow the Acceptable Use Policy and guidelines that are stated in the Policy, the referenced Manual, and be bound to those terms. There is NO expectation of privacy while utilizing the Ahayah’s network, computers, or any device attached to the network. Before your child uses these resources, he/she will read, be read to, and/or have the documents explained to him/her.  Initial to confirm understanding \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Would you like to receive **text messages**\*, auto-dialed and/or pre-recorded calls and text messages from the school, regarding school closings or upcoming events?  Yes\_\_\_\_\_\_\_\_ Number to be texted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  *\*Text message charges may apply, depending on your cell phone plan. Please check with your cell phone provider.* |
| **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*** |