

The Augustine Preparatory Academy Of Atlanta

NEW STUDENT APPLICATION PROCEDURE

1. APPLICATION:

Applications for Preschool thru – 9th grade are now being accepted. Bring or mail your application and all required information listed below to the **Registrar's Office located in The Augustine Preparatory Academy of Atlanta Administration Offices. These offices are located at 4650 Flat Shoals Parkway, Decatur, Georgia 30034 at the rear plaza level of the Cathedral of the Holy Spirit Sanctuary.** The non-refundable application fee of \$25.00 (**certified funds only**) is due at the time that you submit your application.

2. STATE REQUIRED - SUPPORTING DOCUMENTS:

Include with the application the following documents:

***Certified Birth Certificate (NO PHOTO COPIES)** a copy will be taken from your original.

***Current Certificate of Immunization (on Georgia Form 3231)**

***Eye / Ear / Dental Records (on Georgia Form 3300)**

***Booster Immunization for all students entering the 6th grade**

3. RECOMMENDATIONS:

Pastor and a teacher recommendation forms are enclosed and completion is required. Please stress to the recipients the importance of these forms and that they are **TIME SENSITIVE**. The forms should be completed and placed in a **SEALED** envelope addressed to the attention of the Registrar's Office. These forms must accompany your child's application. No child will be considered for admission until these forms are received.

4. TRANSCRIPTS, STANDARDIZED TEST SCORES AND DISCIPLINE REPORT:

Include the following with this application: A copy of your child's **report card** from the previous school year as well as the current **standardized test scores** and the **attached discipline report**. If your child is applying for admission to the Middle School, a copy of their **transcripts** should be requested from the attending school and attached to the application along with the aforementioned. No child will be considered for admission until these documents are received. Transcripts are used for placement upon acceptance.

5. TESTING:

All students applying for the 1st through 9th grade are required to take an entrance test to be considered for admission. The **non-refundable test fee is \$25.00 (cash / money order only)** and is due on the day of the test. Tests will not be administered to a prospective student without the student application; transcripts; Pastor & teacher Recommendation Form, and State required documents. Test results will be rendered within seven (7) business days.

6. INTERVIEWS:

After a thorough review of the application and entrance test, recommendations, an interview will be scheduled with the Headmaster and/or the school administration. We will contact you concerning your interview date and time. Please bring all previous school records (ie. standardized tests; report cards, discipline reports, etc.), as they will be considered in the review process

7. ACCEPTANCE:

Acceptance of the applicant will be based on the past transcript and test scores, recommendations, discipline report, entrance exam and interview of the applicant. **All acceptance and denials will be notified by mail within five business days.**

8. REGISTRATION / FINANCIALS:

Registration will take place after notification by mail of acceptance. Parents will then pay the enrollment fee and submit any missing paperwork to complete their child's file. At this time you will elect the tuition schedule that you will be paying for the duration of the year.

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NEW STUDENT PreSchool - 9TH GRADE APPLICATION

**Where Great and Magnificent
Things are Happening**

Pre-School & Kindergarten – K2 – K5 _____
Elementary School- Grades 1st – 5th _____
Middle School Grades 6th – 9th _____

*What grade are you applying for? _____

For Office Use Only

Date Rec'vd. _____ App. Fee \$ _____ Chk# _____
Test Date _____ Test Fee \$ _____ Chk# _____
Interview Date _____
Accepted _____ Declined _____
Enrollment Fee: _____ Chk# _____
Activity Fee: _____ Chk# _____
F.T.A. Completed: Yes _____ No _____ Initial _____

Student Information

Name _____ Preferred Name _____
First Middle Last
Address _____ Telephone () _____
Address and Street Name

City State Zip (County)

Birth Date: Month _____ Day _____ Year _____ Age: _____ Male _____ Female _____

Ethnic background: _____ African-American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Other

With whom does the student live? _____ Both Parents _____ Mother _____ Father _____ Grandparents _____ Other

Father's Name or Legal Guardian (Please Print)

Mother's Name or Legal Guardian (Please Print)

Home Address

Home Address

City State Zip

City State Zip

Home Phone Cell Phone

Home Phone Cell Phone

Occupation Title

Occupation Title

Company/Firm Name

Company/Firm Name

Work Address

Work Address

City State Zip

City State Zip

Work Phone Ext.

Work Phone Ext.

Dad's E-mail : _____

Mom's E-mail _____

Person responsible for tuition and fee payments for this student:

Name

Address

City State Zip

Home Phone Work Phone Ext.

Name(s) of Siblings	Age	Present Grade	Present School/ Occupation	Student of TAPAA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Church Affiliation: _____ How long: _____ Pastor: _____

This school was recommended to me by: _____

Student Background Information (List Most Recent School First)

Has student ever repeated a grade? Yes No Give grade and reason: _____

Has the student had any special learning difficulties such as ADD/ADHD (Attention Deficit Hyperactivity Disorder), etc.?
 Yes No If yes, explain: _____

Has the student ever received a disciplinary action? Yes No Detention Suspension Expulsion Other

Explain: _____

<p>Previous School: _____ Street Address: _____</p> <p>City: _____ State: _____ Zip: _____ Telephone: () _____</p> <p>Principal's Name: _____ Grade(s) attended: _____ Dates attended: _____</p> <p>Reason for leaving: _____</p>

Have there been any academic challenges the student faced at the previous school? yes No

Has the student ever been in trouble with civil authorities? Yes No Explain: _____

Is the student under supervision of courts or Department of Children and Family Services? Yes No

Has the applicant been tested or counseled by a psychologist or psychiatrist in the last three years? Yes No

If yes, is the applicant presently on medication? Yes No

****If yes, please provide the Admissions Office with a copy of the test results or consultation report.**

I understand my child must be the appropriate age on or before September 1st, for the grade to which we are applying.

Parent Signature

Date

The Augustine Preparatory Academy Of Atlanta

EMERGENCY / FIELD TRIP PERMISSION FORM

Student Name: _____ Home Phone: _____

Student's D.O.B: ____/____/____ Height: _____ Weight: _____ Eye Color: _____

Name of Student's Doctor: _____ Office Phone: _____

Office Address: _____

Insurance Company (hospitalization): _____

Policy Number: _____ Group Number: _____

Who can we contact, other than parents if student becomes ill during the day, if the parents cannot be reached.

Contact 1: _____ Daytime Phone: _____

Relationship to Student: _____ Evening Phone: _____

Contact 2: _____ Daytime Phone: _____

Relationship to Student: _____ Evening Phone: _____

Should my child, _____, become ill or suffer an accident of any kind while he/she is in the care of The Augustine Preparatory Academy of Atlanta, the teacher / school representative shall contact me immediately. In the event the teacher / school representative is unable to reach me immediately, (or authorized persons listed above), the teacher and/or school representative of the school shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be necessary.

Parent's Signature: _____ Date: _____

I understand that special trips are planned for the students away from the school at different times throughout the camp duration. I am aware that these excursions are carefully arranged and supervised by an adequate number of adults. I give my permission for my child, _____, to go on these trips. When such a trip is scheduled, you will be notified in advance.

Parent's Signature: _____ Date: _____

AUTHORIZATION FOR CHILD RELEASE

Please list any names, phone numbers, and relationships of persons allowed to pick up your child other than parents/guardian:

1. Name: _____ Hm. Phone: (____) _____ - _____
Relationship: _____ Wk. Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____

2. Name: _____ Hm. Phone: (____) _____ - _____
Relationship: _____ Wk. Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____

STUDENTS WILL ONLY BE RELEASED TO THOSE LISTED ABOVE. ALL STUDENTS MUST BE PICKED UP FROM THE CAMPUS GROUNDS BY 6:00PM.

The Augustine Preparatory Academy Of Atlanta

MEDICATION FORM

By law, The Augustine Preparatory Academy of Atlanta cannot administer medication to any child without the permission of a parent or guardian. Therefore, it is important that this form is completed for each student and placed in his or her file. Although this form will be placed in your child's file, no medication will be given until we attempt to notify you of your child's condition.

Should my child _____, become ill while he/she is in the care of The Augustine Preparatory Academy of Atlanta, the school office may administer any of the following over the counter medications after every effort to notify me prior to medicating my child.

_____ Tylenol

_____ Benadryl (for allergic reaction)

_____ Maalox (for mild stomach discomfort)

Note: School staff can only administer prescription medication after a parent has submitted in writing the following: Name of Medication; Dosage; Time(s) to be administered; and additional directions pertinent to situation.

Parent's Signature

Date

MEDICAL INFORMATION

Are his/her shots up to date? _____

Is your child subject to asthma? _____ If Yes, explain directions: _____

Is your child subject to strep throat? _____ Other chronic sickness? _____

Does your child have allergies? _____ If yes, explain directions: _____

Has your child had chicken pox? _____ Does your child have epilepsy? _____

Has your child had measles? _____ Has your child had mumps? _____

Will your child need emergency treatment for insect stings? _____

Has your child had Tonsillitis? _____ Has your child had a physical check-up in the last year? _____

Does your child have hearing problems? _____ Does he/she wear a hearing aid for this problem? _____

Does your child wear glasses? _____ If yes, what? Far/Near Sighted, Reading only, Other: _____

Is child subject to nosebleeds? _____ What do you do for it? _____

Does your child have a speech problem? _____ If yes, explain: _____

What serious illness / operation(s) has your child had? _____

Is your child shy? _____ Does your child cry easily? _____

Does your child have any behavioral habits? _____ Please give information.

Tell us anything unusual concerning your child's health: _____