





# The Fulton Leadership Academy, Inc.

6. Country of Birth: \_\_\_\_\_ Date Entered US: \_\_\_\_\_

7. Primary Language: \_\_\_\_\_

Other language(s) spoken: \_\_\_\_\_

8. Emergency Contact Information when Parent/Guardian cannot be reached: *Please list two emergency contacts.*

1) Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Daytime: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Daytime: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School can call 911?  Yes  No (Please note that a "No" response to this question will require that legal authorities be notified).

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Insurance Information \_\_\_\_\_

I consent to The Fulton Leadership Academy, Inc. taking all steps necessary to preserve the health of my child. I understand that the health and welfare of my child is important and that the possibility of being transported via ambulatory services may arise. I understand that the Fulton Leadership Academy, Inc. its agents, successors and or assigns assume no financial responsibility for actions taken to preserve and protect the health and well-being of my child.

Parent / Guardian Signature

Printed Name

9. Custodial Information: Custody Information (Check One)

1. Are you the biological parent/legal guardian?  Yes  No

2. Does court custody documentation exist for this student?  Yes  No

3. If yes, did you provide this information to the school?  Yes  No

\*An answer of "No" will delay student acceptance until documentation provided.

4. Is the student over 18 years old?  Yes  No



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## 10. Enrollment Information

Was student previously enrolled in the Fulton County School System?  Yes  No

If yes, please list the school, year and duration: \_\_\_\_\_

If no, please list previous school system, name of school, year, duration: \_\_\_\_\_

## 11. Student Entry Reason: Check one

- Incoming Middle School Student
- Transferring from a private school (P)
- Transferring from a home school (A)
- Re-entering after illness (S)
- Re-entering this school this year
- Transferring from another CCPS (U)
- Transferring from another state or county (O)
- Never attended school before (N)
- Re-entering other reason (R) \_\_\_\_\_
- Transferring from another GA Public School (T)

\_\_\_\_\_  
Name of previous school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Was this an alternative school or alternative setting?  Yes  No

## 12. Special Needs Programs

Does this student receive special education services/have a current Individual Education Plan (IEP)?  Yes  No

If yes, please check the area(s) of services your child received.

- Visual Impairment
- Learning Disability (*Please specify*) \_\_\_\_\_
- Developmentally Disabled
- Speech / Language Impaired
- Other (*Please specify*) \_\_\_\_\_
- Severely
- Hearing Impaired
- Other (*Please specify*) \_\_\_\_\_
- Moderately
- Mildly

Did this student receive special support services?  Yes  No. If yes, please check the appropriate service(s):

- Gifted
- English to Speakers of Other Languages (ESOL)
- Early Intervention Program (EIP)

## 13. Expulsion

Is this student under a current expulsion or suspension order from this or another school system?  Yes  No

Has student ever been expelled?  Yes  No

Reason for expulsion \_\_\_\_\_

School System \_\_\_\_\_ Date Expelled/Suspended \_\_\_\_\_



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## 14. Health Information

Serious Illnesses \_\_\_\_\_ Physical Disabilities \_\_\_\_\_

Allergies \_\_\_\_\_

Addition Information about the above information, medication, or any other health condition that is important for the school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 15. Special Living Conditions: Please check all that apply.

- Homeless
- Foster Care
- Other \_\_\_\_\_

## 16. Other Children Living at This Address

Last Name	First Name	Age	Grade

## 17. Parental Consent for the Following: Please check

I give consent for my child's photograph to be used in The Fulton Leadership Academy, Inc. publications.  Yes  No

I give consent for my child to use the internet.  Yes  No

Person completing form: Printed Legal Name \_\_\_\_\_  
PRINT

\_\_\_\_\_  
SIGNATURE DATE

## 18. DOCUMENTS REQUIRED

	YES	NO	DATE REC'D	COMMENTS
Affidavit of Residency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Birth Certificate with Parent's name	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Student's Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Immunization Record (GA 3231)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Eye, Ear, Dental Record (GA3300)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Parent/Guardian Photo Identification	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Proof of Guardianship	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____