



21-22 Senior Only Enrollment

Seniors who have attended at least two (2) years at AAGA who are not currently attending classes on campus can pay an enrollment fee of \$150 to be enrolled as a senior with no classes scheduled.

As part of this enrollment, Seniors can participate in scheduled Senior Day activities, attend assemblies, picture days, Fun Run, and special events as well as participate in our Graduation Ceremony. Families will be responsible for paying any additional fees at the student rate for certain events. Additional fees will include a ticket price for our Spring Formal and Graduation fee to cover the expenses of the cap & gown and diploma. Participation in any event is optional.

STUDENT INFORMATION

Student's Name:

Home Address:

Email:

Home Phone:

Cell Phone:

School History:
(Please list schools attended each year)

9th

10th

11th

12th

Are you accredited through a 3rd party accreditation service? If yes, provide a transcript from the accrediting service. If no, please provide a transcript of all classes not taken at Arrows Academy.

YES

NO

Home Church

T Shirt Size: (Circle One)

S

M

L

XL

XXL

What events/ activities are you most interested in attending?

- Assembly
- Graduation
- Formal
- Fun Run
- Field Trips
- Senior Day lunches
- Pictures Day

• Other _____

Photography Consent:

I hereby grant Arrows Academy of Georgia, Inc permission to use my child's image in any media pertaining to the school such as newsletter, website, yearbook, and news articles.

Yes _____ No _____ Legal Guardian Initials _____

PARENT INFORMATION

(1) Parent or Guardian's Name:

Home Address:

Email:

Home Phone:

Cell Phone:

Employer

Title

Home Church:

(1) Parent or Guardian's Name:

Home Address:

Email:

Home Phone:

Cell Phone:

Employer

Title

Home Church:

Medical Information

Does applicant have a physical health condition or food allergy of which the school should be aware? Yes No
If yes, please specify (include prescriptions or limitation of normal activity – use other sheets as necessary):

Does your child have an allergy that requires an EpiPen? Yes No
If yes, an EpiPen is required to be stored at Arrows during the academic school year.

Medical Release

For the 2021 - 2022 school year, I _____, parent/guardian of Arrows Academy student(s) _____, do hereby authorize and request that any adult staff of Arrows Academy seek immediate medical attention of a physician or hospital or EMS in emergencies requiring such medical attention; and this authorizes said staff to designate any physician or hospital or EMS to treat in cases of emergencies such as injury by accident or sickness while in their care. I understand that the cost of such treatment is my responsibility. I further verify that health insurance is provided by:

Insurance Company Name: _____ Name of Insured: _____
Policy Number: _____ Group Number: _____
Insurance Company Address & Phone: _____

Financial Agreement

I understand the following:

1. All fees are non-refundable.
2. Any student with outstanding fees will not be allowed to attend events until account is current.
3. No transfer of fees to other families is allowed.
4. A fee of \$25.00 will be assessed for all returned checks
5. The enrollment process will not be complete until I have paid the enrollment fees.

HOLD HARMLESS AGREEMENT/WAIVER OF LIABILITY
Wildwood Baptist Church & Arrows Academy of Georgia, Inc

In consideration of Wildwood Baptist Church allowing Arrows Academy of Georgia, Inc to use its facilities, and in further consideration of my participation in Arrows Academy:

- I hereby release and hold harmless Wildwood Baptist Church, its officers and employers, and agents, as well as Arrows Academy of Georgia, Inc, from any personal injuries I may sustain as a result of my participation in the activities of Arrows Academy of Georgia, Inc. This includes both on- and off- premise activities, trips, practices, etc.
- I hereby agree to assume all risk of injury and loss that may arise as a result of participating in this activity and further agree to hold Wildwood Baptist Church and Arrows Academy of Georgia, Inc and/or its agents, harmless for any injury or loss that arises as a direct or indirect result of any act or omission of any third party.
- I also understand that as a student of Arrows Academy of Georgia, Inc I must have adequate health insurance coverage, at my own expense.

As a parent/legal guardian of _____, I hereby sign this Hold Harmless Agreement on behalf of my child(ren)

Parent/ Guardian (1)

Date

Parent/ Guardian (2)

Date

Next Steps: Fees: *This covers the cost of enrollment and allows for participation in school events. This does not include the Graduation fee and individual fees for ticketed events such as the High School Formal.*

The \$150 enrollment fee/student will be paid:

____ By check (included with this form or mailed)

____ Invoice me to pay via credit card

____ I understand my child will not be allowed to participate in events until this fee is paid.

(Forms to be completed within FACTS Enrollment)

_____ Copies of transcripts for any classes not taken at AAGA

Arrows Academy of Georgia, Inc. admits students of any race, color, religion, or national or ethnic origin to all the rights, privileges, programs, and activities, generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, religion or national or ethnic origin in the administration of its educational policies, scholarship and loan programs, athletic programs or other school administered program.

By signing below, I am stating that I understand the terms of this enrollment. ***Only parents or guardians designated by signature on this form will have access to student information.**

Parent/ Guardian (1) signature

Date

Parent/ Guardian (2) signature

Date