

STUDENT'S NAME:

4801 Wade Green Road Acworth, GA 30102 770-765-7923 www.arrowsacademyga.org

2020 AAGA HOMESCHOOL FORMAL REGISTRATION

Community High School Student Form

ADMISSION FEES – NON-REFUNDABLE COST is \$40.00 per person until (March 18, 2020). COST is \$50.00 per person after (March 18, 2020). Please make check or money order payable to (Arrows Academy of Georgia/memo; Formal) and mail with completed registration form to (Arrows Academy of Georgia, 4801 Wade Green Rd, Acworth, GA 30102

Application Fee for Non-Arrows Academy Students is \$5 and must be submitted with this application and a copy of either current verification of enrollment in a high school program or a copy of family's Declaration of Intent for the current year.

How did you hear about this event?	
Home Address	
Parent's Name & Phone:	Parent's E-mail Address
Current Grade as of April 18, 2020 (No younger than 14 and no older than 18)	Age as of September 1, 2019
Please list the name and phone number of one non-relative reference (teacher, pastor)	Reference email address:
Are you currently a homeschooled student?	Are you currently enrolled in High School?
(CIRCLE ONE) YES NO If yes, please attach a Declaration of Intent for the current year.	(CIRCLE ONE) YES NO If yes, please provide verification of enrollment for the current year.
	school or school event for any reason or placed on disciplinary
probation at a school? (CIRCLE ONE) YES NO Please explain on separate sheet if yes.	
By submission of this form, Parent/Guardian acknowledges the truth of all statements on this registration. Parent/ Guardian also agrees to take full responsibility for his/her child and hereby agrees to hold Arrows Academy of Georgia, Inc and the affiliates and subsidiaries, the officers, directors, agents, and partners and all individuals associated with the organization, promotion and establishment of this event harmless against all claims, losses or damages to persons or property, charges or fines and attorney's fees arising out of or caused by your child's actions or inaction during occupancy or use of designated premises or a part thereof. Parent/Guardian acknowledges that pictures and video of my child taken during the event may be used for future event promotions. Parent / Guardian Name (please print)	
PARENT/ GUARDIAN SIGNATURE	DATE
In order to attend the event, you must sign below indicating that you agree to both the Limitations of Liability above, as well as the Prom Guidelines and Dress Code. Please note that by signing this form, you are agreeing to comply with the Event Committee's decisions and requests should you be found to be in violation of one of the Guidelines. With my signature and attendance, I am demonstrating that I agree to and will comply with the Guidelines and Limitation of Liability.	
Student's Signature	Date