



## 2020-2021 Registration (New Student)

### Office Use

Recv: \_\_\_\_\_ Database: \_\_\_\_\_

Ck#: \_\_\_\_\_ Amount: \_\_\_\_\_

Enrollment: \_\_\_\_\_ RW: \_\_\_\_\_

### Student Information

Full Name: \_\_\_\_\_  
*First Middle Last*

Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Gender: \_\_\_\_\_

Student phone / email (if applicable): \_\_\_\_\_

If your child has been homeschooled, please list grades covered: \_\_\_\_\_

If your child attended school, please list:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever been suspended, expelled, or asked to withdrawal from school: Yes No  
(if yes, please explain on a separate sheet of paper)

Has applicant ever consulted, or been referred to, a psychologist or psychiatric social worker for professional assistance: Yes No (if yes, please explain on separate sheet of paper)

Does your child have a learning disability or are there any other educational/ behavioral concerns we should be made aware of? Yes No (If yes, please explain on separate sheet of paper)

### Parent Information

#### Father's Name

\_\_\_\_\_ *First Middle Last*  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Mother's Name

\_\_\_\_\_ *First Middle Last*  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Church: \_\_\_\_\_

\*Please attach any additional addresses or custody information if applicable.

**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

**Medical Release**

For the 2020 - 2021 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 (registration & enrollment) are non-refundable.
2. Any student with outstanding fees/tuition will not be allowed to attend classes until account is current.
3. No transfer of tuition or fees to other families is allowed.
4. The remainder of the year's tuition will be due if a child withdraws for any reason.
5. A fee of \$25.00 will be assessed for all returned checks
6. I understand that this form and registration fee of \$100/student will only reserve my child's spot at Arrows Academy. The enrollment process will not be complete until I have completed the hold harmless form and paid the first month or full year's tuition plus enrollment fees. Registration and enrollment fees are non-refundable and non-transferable. Tuition is pro-rated and only refunded if/when another student fills the vacated spot.

By signing below, I am stating that I understand that after the first payment is made, I will be responsible for the year's tuition regardless of whether my child completes the year or not.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

**Check which payment option you are choosing:**

- \_\_\_\_ One payment due by July 15<sup>th</sup> (5% discount)
- \_\_\_\_ 10 monthly payments starting July 15<sup>th</sup>. You must register by June 1<sup>st</sup> in the Tuition Payment Program (TPP) in order for your payment plan to begin on 7/15. \$50 initial fee.

**Attachments:**

- \_\_\_\_ I have attached the \$100 registration fee/student made payable to Arrows Academy. (If full, no payment is required until a spot becomes available)
- \_\_\_\_ I am interested in being an assistant and I have included my application with this registration form (found on our website).

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.