



REGISTRATION PACKET

I, _____, do solemnly swear that I (Parent/Guardian Name) am the legal guardian of _____. (Scholar Name)

If requested by the school, I will furnish legal papers to validate the above statement. If any of this form is knowingly filled out with the incorrect information, the school is legally under no obligation.

I also certify that I have verified my active address.

Street	APT#	City	State	Zip Code
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I will provide one of the following documents to verify my residency:

- Current apartment lease agreement and one utility date lease expires _____
- Non-contingent sales contract or settlement statement and one utility bill
- House lease or deed and one utility bill
- Residency Affidavit with current utility bill and house/apt. lease
- If you are residing in temporary housing apartments such as (i.e. In Town Suites, Crossland etc.) you must present the school with a new proof of residency each month

I further understand that if at any time during the school year this residency changes, I must notify the school and produce new proof of residency.

I understand that a scholar enrolled or attending under inaccurate or non-current information is illegally enrolled and may be withdrawn upon discovery. I also understand that the school may conduct an investigation for purposes of residency verification, which may result in legal action if necessary.

I certify that I have read all the statements above and information provided is accurate and will be kept current by me throughout the school year.

Parent/Guardian Signature

Date

182 Hunter Street N.W.

Norcross, GA 30071

inbox@northmetroacademy.org

Tel: 770-903-3400/Fax: 770-903-2950



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Waiver: Parental Permission for Release of Information to the News Media

I, the parent/guardian of _____, hereby irrevocably give my permission without further consideration to allow North Metro Academy of Performing Arts or their designated agent(s) to use still photographic images or video of my dependent in any publication or broadcast medium for promotional purposes. I further understand that the quality of the image produce will determine whether or not it will be used in any publication, brochure, etc.

Signature of Parent/Guardian _____

Date _____

Address _____

City _____

State _____ Zip Code _____



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STUDENT INFORMATION (Please Print)

Student Last Name: _____ First _____ Middle _____

Preferred Name: _____

Grade _____ Date of Birth (example: 01/01/2009) _____ Gender: ___ Male ___ Female

Home Address _____ City _____ Zip code _____

Home Address _____

Is this a temporary residence? _____ YES _____ No Apartment Number _____

Mailing Address (if different) _____

City _____ Zip code _____

Student's Social Security number-SSN (official Code of Georgia annotated-OCGA 20-2-150)

I do not wish to provide my child's SSN (Parent's initials) _____

Student's Country of Birth _____

If born outside USA, what date did the student first enter a U.S. school? ___/___/_____

MOTHER/GUARDIAN

Last Name: _____ First _____ Middle _____

Home Address: _____ City _____ Zip code _____

Home Address (If Different) _____

Employer: _____ Work Number _____

FATHER/GUARDIAN

Last Name: _____ First _____ Middle _____



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Home Address: _____ City _____ Zip code _____

Home Address (If Different) _____

Employer: _____ Work Number _____

Are there any court mandated custody/visitation orders limiting access to this student?

_____ Yes _____ No (If Yes, please attach a copy of the legal order and list those named therein) _____

STUDENT ENROLLMENT HISTORY

Has this student previously attended another school within Gwinnett County? _____ Yes
_____ No

Has this student previously attended another school outside of Gwinnett County? _____ Yes
_____ No

If yes, list any previously attended schools and list dates (example: 01/01/2009)

Name of School/City/State: _____

Dates of Attendance: From: ____/____/____ to ____/____/____

Name of School/City/State: _____

Dates of Attendance: From: ____/____/____ to ____/____/____

Name of School/City/State: _____

Dates of Attendance: From: ____/____/____ to ____/____/____

SUSPENSION/EXPULSION STATUS

Is student currently serving a term of suspension/expulsion from another school? _____ Yes
_____ No



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If yes, at what school and in which school district? _____

Reason for suspension/expulsion _____

HAS THE STUDENT RECEIVED ANY OF THESE SERVICES

Speech _____ YES _____ No

Special Education ___Yes ___No

English as Second Language (ESOL) ___Yes ___No

Gifted ___Yes ___No

IMPAIRED HANDICAPPED ACCESS

Does the student or any immediate family member need assistance due to mobility impairment or require handicapped access? ___Yes ___No

LANGUAGE BACKGROUND

1. Which language does your child most frequently speak at home?

2. Which language do adults in your home most frequently speak with your child at home? _____
3. Which language(s) does your child currently understand and speak?

Please note that students whose home language is other than English are screened to determine their level of proficiency in English, in accordance with federal requirements.

Would you prefer to receive information about your child's academic progress in English?
___Yes ___No

If no, in what language would you prefer to receive information?



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Please list siblings and their ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

LIST OTHERS IN YOUR HOUSEHOLD WHO ARE GWINNETT COUNTY PUBLIC SCHOOL STUDENTS

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SCHOOL ATTENDING</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Contacts: Please list the names of relatives/neighbors/friends to which we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS, OR ADULTS LISTED ON THIS PAPER.**

I/We hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.

Name: _____ **Relationship:** _____

Home Phone: _____ **Work/Cell:** _____

Name: _____ **Relationship:** _____

Home Phone: _____ **Work/Cell:** _____

Name: _____ **Relationship:** _____

Home Phone: _____ **Work/Cell:** _____



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DEMOGRAPHICS: Please answer both parts of this two-part question. This information is required by federal regulations. (As per federal requirements, if you choose not to complete part or all of this section, the school is mandated to identify and assign a race and /or ethnicity to the student through an observer identification process.)

1. Is the student Hispanic or Latino? ___ No, not Hispanic/Latino ___ Yes, Hispanic/Latino

2. Please select student's race(s) from the list below (Choose one or more that apply)

_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific islander
_____ Asian _____ White _____ Black or African American

SIGNATURE

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO BE MADE TO THIS FORM.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____