

Campus Preference	
<input type="checkbox"/>	West
<input type="checkbox"/>	East
<input type="checkbox"/>	Covington



Peachtree Academy Private School

1801 Ellington Rd., Conyers, GA 30013 770-860-8900
 14101 Hwy 278, Covington, GA 30014 678-729-9111



STUDENT INFORMATION

This application and contract is for the 2011-2012 school year. A non-refundable \$50 application fee is due for each new student.

Student's Legal Name: _____ Sex: **M** **F**
Last First Middle Initial Nickname

Social Security #: _____ Birth date: _____ Current Age: _____ Grade _____

Address: _____ Home Phone Number: _____

Grade applying for: _____ School last attended (name and address) _____

1. Has the applicant ever repeated a grade? Yes No If "yes", what grade and explain: _____

2. Has the applicant ever had any discipline or emotional problems, or been suspended, expelled or withdrawn from school?
 Yes No If "yes", explain: _____

3. Is there any reason the applicant cannot go back to the school previously attended? Yes No If "yes", explain: _____

4. Has the applicant been tested for or diagnosed with any learning disabilities? Yes No

5. Does the applicant have a current IEP, 504 Plan, or Formal Plan? Yes No

If "yes", explain _____

6. Food allergies or other medical or drug related concerns: _____

7. Current Medications: _____

FAMILY INFORMATION

Parents are expected to contribute 10 volunteer hours per school year. Will you be able to meet this requirement? No Yes

Parent/Guardian Marital Status (please circle) Married Separated Divorced Remarried Spouse Deceased Single

Resides with (please circle) Both Parents Mother Father Stepfather Stepmother Grandmother Grandfather Other

In case of divorce or separation, please complete the following questions:

Legal Custody: Joint Mother Father Guardian Other _____

School Notifications should be sent to: Mother Father Guardian Other _____

Financial Responsibility will be assumed by: _____

Father's Name: _____ **Employer & Occupation:** _____

Home Phone Number: _____ Work Number: _____ Cellular Number: _____

Home Address: _____ Email address: _____
(If different than student) (please print)

Mother's Name: _____ **Employer & Occupation:** _____

Home Phone Number: _____ Work Number: _____ Cellular Number: _____

Home Address: _____ Email address: _____
(If different than student) (please print)

Step Mother's Name: _____ **Phone Number:** _____

Step Father's Name: _____ **Phone Number:** _____

Other Children in the family currently enrolled at Peachtree Academy Private School:

Name	Grade applying for	Name	Grade applying for
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

Please list individuals that are permitted to pick up your child in the event that the parents' or guardians are unable to do so:

1) _____ DL# _____ 2) _____ DL# _____
 3) _____ DL# _____ 4) _____ DL# _____

Church Attending: _____ Address: _____ Phone: _____

