

STUDENT REGISTRATION PACKET

| | | | |
|-------------------|--------------------|---------------------|-------------|
| Last Name: | First Name: | Middle Name: | DOB: |
|-------------------|--------------------|---------------------|-------------|

How DID YOU HEAR ABOUT US? Flyers Yard/Building Signs Radio Ads Current DBIA Student Newspaper Ad School Referral Other

DOCUMENTS REQUIRED FOR COMPLETED REGISTRATION:

- Withdrawal form from your previous high school
- Official transcripts from your previous school
- Copy of your Social Security Card or completed waiver form
- Copy of your Birth Certificate or show passport **(must be 16-21)**
- Copy of proof of Two Proofs of Muscogee County residency*

ACCEPTABLE PROOF OF RESIDENCE

1st Proof – One of the following documents (must be valid and indicate service address)

- Current utility bill, home phone bill (no cell phone bills and no final bills)
- Proof of government benefits (Medicare, food stamps, Department of Families and Children Services (DFACS) correspondence)
- Occupancy permit if moving into a new home

2nd Proof – One of the following documents (must be valid and indicate address/parent name)

- A residential lease or lease agreement
- A current property tax statement, property deed, or settlement statement for the home

CHOOSE A SESSION TIME:

AM SESSION: _____ PM SESSION: _____

COMPLETE THE FOLLOWING INFORMATION:

| | | | | |
|---|---------------|--|--|--------|
| STUDENT ID# : | STUDENT SSN#: | Birth Date: | Birth City: | State: |
| Student Legal Name: | | Nickname: | | |
| Address: | | City: | Zip: | |
| Home Phone: | | Mobile Phone (Student): | | |
| Mother/Guardian: | Work Phone: | Place of Business: | Mother's E-Mail: | |
| Father/Guardian: | Work Phone: | Place of Business: | Father's E-mail: | |
| Parental Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single | | Student Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial | | |
| Previously attended Dougherty County School: <input type="checkbox"/> YES <input type="checkbox"/> NO | | If student is from out of County or out of State: County: | | State: |
| Name of Previous School: | | Withdrawal Date: | | |
| Special Education Student: <input type="checkbox"/> YES <input type="checkbox"/> NO | | Date of Most Recent IEP: | 504 Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Student Expelled from School: <input type="checkbox"/> YES <input type="checkbox"/> NO | | Health Examination Certificate: <input type="checkbox"/> YES <input type="checkbox"/> NO | Immunization: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Student on Probation: <input type="checkbox"/> YES <input type="checkbox"/> NO | | Probation Officer: | Contact Number: | |
| Is Enrollment a Condition of Probation: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| <i>What influenced you to decide to come back to school?</i> | | | | |
| | | | | |
| EMERGENCY: In case of emergency, 911 will be called and student will be taken to nearest hospital if deemed necessary. | | | | |
| Emergency Contact Numbers (If Parent/Guardian cannot be reached): Name: | | | Phone: | |
| The above information is correct and complete to the best of my knowledge. If change of name, address, or phone, I will notify school. | | | | |
| Student Signature: _____ | | | Date: _____ | |
| Parent/Guardian Signature (Required If Under 18): _____ | | | Date: _____ | |

HOME LANGUAGE SURVEY

| | | | |
|--|--------------------|------------|-------------|
| LAST NAME: | FIRST NAME: | MI: | DOB: |
| Does an adult in the household speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, check the language used: <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other | | | |
| Does the student have a first language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, check the language used: <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other | | | |
| Does the student most frequently speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, check the language used: <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other | | | |
| Relationship of person completing this survey to the student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Self | | | |
| Is Student in English as a Second Language (ESOL) Program? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

MEDICAL HISTORY SURVEY

| | | | |
|--|-----------------------------------|-------------------------------|------------|
| Primary Physician Name: | Physician Office Location: | Physician Contact: (O) | (F) |
| Are there any medical conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If Yes list Conditions and Diagnosis: | | | |
| Allergies (List any drugs, food, etc. to which you are allergic): | | | |
| Are you currently taking any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If Yes, list medications: | | | |
| Have you ever been hospitalized? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If Yes, please list hospitalization: | | | |
| Have you ever received Psychiatric Treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If Yes, list treatments: | | | |
| Do you have a history of Substance Abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If Yes, please explain: | | | |
| Family Educational Rights and Privacy Act (FERPA) The Family Educational Rights and Privacy Act became a federal law in November 1974, and was further revised in 1975, 1976, 1997, 2000 and 2002. The intent of this law is to protect the accuracy and privacy of the student's educational records. The above information is correct and complete to the best of my knowledge. | | | |
| Student Signature: _____ | | Date: _____ | |
| Parent/Guardian Signature (Required If Under 18): _____ | | Date: _____ | |

AUTHORIZATION FOR RELEASE OF RECORDS & INFORMATION

I, _____, hereby authorize release of _____
(parent/guardian/adult student) (Specific Information/Records/Transcript/IEP)

regarding my son/daughter, _____ DOB: _____ from _____
(Student Name) (Previous School/Agency)

to the Catapult Academy of Muscogee County for the following purpose(s):

Check all that apply

- | | | | |
|--------------------------|-----------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Education Programming | <input type="checkbox"/> | Psychiatric Evaluation |
| <input type="checkbox"/> | Medical | <input type="checkbox"/> | Psychological-Educational Evaluation |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Attendance |

I understand that I am freely giving my consent to this release of information. I also understand that I have a right to inspect and review all records.

The above information is correct and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Parent/Guardian Signature (Required If Under 18): _____ Date: _____