



Emanuel Preparatory School of Math and Science Registration Form 2018-2019

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Mailing Address
(If Different From Home Address) _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

II. Former Educational Information

Name of Former Daycare: _____

Former Daycare Information:

Check all that applies:

_____ Christian Daycare _____ Commercial Daycare _____ Home Daycare _____ Other

_____ Student Not Enrolled in Daycare Program Preceding Enrollment in Emanuel Preparatory School of Math and Science Because Child Stayed At Home

Address of Daycare School: _____

Full-Time or Part-Time _____ Withdrawal Date From Former Daycare: _____

Was Your Child Receiving Special Education Services Based On An Individualized Education Plan (IEP)? _____ Yes _____ No

If Yes, Do You Have The Child's Special Education Records (IEP)? _____ Yes _____ No



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III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents _____ Mother Only _____ Father Only _____
 _____ Legal Foster _____
 _____ Guardian _____ Parents _____ Other Adult _____

Special Custodial Court Instructions:
 (If Yes, Please Provide a Copy of Court Order.) _____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable

Father's Name _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Telephone: _____

Email Address _____ @ _____

Mother's Name _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Telephone: _____
 Email Address _____ @ _____

If The Student Is Not Living With Parents, Please Complete This Section.

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

IV: EMERGENCY CONTACTS and INDIVIDUALS AUTHORIZED TO PICK CHILD:

Name: _____ Relationship: _____ Phone Number: _____
 Name: _____ Relationship: _____ Phone Number: _____
 Name: _____ Relationship: _____ Phone Number: _____

My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in Emanuel Preparatory School of Math and Science.

Signature of Parent/Guardian: _____ **Date:** _____



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V. To Be Completed By Administrative Office:

Verification of Date of Birth: _____ Birth Certificate _____
GA 3300 _____ GA Immunization _____
Health Form _____ Record _____
Official Enrollment Date: _____
Grade Student Is Entering: _____
**Signature of Emanuel Preparatory
School of Math and Science
Representative:** _____
