



# Emanuel Preparatory School of Math and Science Registration Form 2019-2020

## 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 \_\_\_\_\_

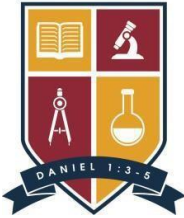
\_\_\_\_\_ Student Not Enrolled in Daycare Program Preceding Enrollment in Emanuel Preparatory School of Math and Science Because Child Stayed At Home

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 Alternately \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
 \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster 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:**