



Georgia Preparatory School, Inc
Student Application Packet

2022-2023



New Students

If you would like to enroll a new student here at Georgia Preparatory School, please complete the following Admissions Process:

Download New Student Tuition Sheet From Our Website

Step 1: Schedule a tour of Georgia Preparatory School

Step 2: Complete and return the Application and be sure to include the non-refundable \$50 Application Fee.

Step 3: Complete and return the following forms along with your application.

- **Confidential Records Request form**
- **(2) Teacher Recommendation** forms from previous school
- Copies of the results of all standardized testing
- Current year's report card
- Disciplinary records from previous school
- Current year's attendance record

Step 4: Schedule a parent/student interview

Step 5: Application will be reviewed by the Admissions Board for acceptance. Notice of acceptance will be provided within 1 week.

Step 6: Registration forms must be completed and submitted with payment of the \$150 non-refundable Registration Fee.

A student's registration packet will be considered complete when it contains the following documents:

- **Tuition Agreement** (completed in full with parent signatures)
- **Medical Emergency Form**
- **Parent Involvement Contract**
- Copy of student's birth certificate
- Certificate of Immunization (Form 3231)
- Certificate of Eye, Ear and Dental Exam (Form 3300)

Welcome to the Georgia Preparatory School Inc. family!



GEORGIA PREPARATORY SCHOOL, INC.
ENROLLMENT CHECKLIST

- _____ Enrollment Application
 - _____ Copy of Social Security Card
 - _____ Certified Birth Certificate
 - _____ Immunization Forms (GA Form 3231)
 - _____ Ear, Eye and Dental Certificate (GA Form 3300)
 - _____ Copy of Student's Transcripts (if applicable)
 - _____ Copy of most recent standardized test results (if applicable)
 - _____ Authorization to Release Information Form
 - _____ Student Information Form
 - _____ Emergency Contact and Medical Form
 - _____ Tuition Agreement Form
 - _____ Before and After Care Tutoring Form
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GEORGIA PREPARATORY SCHOOL, INC.
STUDENT APPLICATION

Student's Legal Name: _____
Last First Middle Initial Nickname

Birth Date: _____ Current Age: _____ Current Grade: _____ Sex: M F

Address: _____

Home Phone Number: _____

Mother/Guardian Name: _____ Phone: _____

Employer: _____ Phone: _____

Father/Guardian Name: _____ Phone: _____

Employer: _____ Phone: _____

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SCHOOL AND ACADEMIC INFORMATION

If you answer "yes" to any question, please provide an explanation in the space provided.

School last attended: _____ School Phone: _____

School Address: _____

If registering mid-year, could the student continue at the currently enrolled school at time of withdrawal? Y N

Has the student ever repeated or skipped a grade? Y N

Has the student ever been homeschooled? Y N If yes, what grades? _____

Does the student have a current IEP, EIP, 504, or other special education needs? If yes, please provide a copy. Y N

Has the student had any discipline problems, or been suspended, expelled or withdrawn from any school? Y N

In what subject(s) does the student excel? _____

In what subject(s) does the student have the most difficulty? _____

Has the applicant ever attended a school or program designed for students with specific academic or other needs? (Such as a program for the gifted, special learning, etc.) **Y N**

Y N

MEDICAL INFORMATION

If you answer “yes” to any question, please provide an explanation in the space provided.

Has the student ever been diagnosed with any disabilities such as ADD/ADHD, Autism, etc.?

Y N

Does the student have any hearing, vision, speech, or other issues?

Y N

Does the student have any food allergies or other medical concerns?

Y N

Please list any medications the student currently takes: _____

SIGNATURE

By signing below, I confirm that the information provided in this application is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____



**GEORGIA PREPARATORY SCHOOL, INC.
AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize (*Current School*) _____

Located at (*Street Address*) _____

Fax Number: _____

To release records of my child: _____

Date of Birth: _____

Grade: _____

Parents/Guardian Signature: _____

**TO: Georgia Preparatory School
P.O. Box 82756
Conyers, GA 30013
Phone: 770-922-4636
Fax: 770-922-4643**

RELEASE	RECORDS TO BE RELEASED	RECEIVED	DATE
	Copy of Social Security Card		
	Copy of Certified Birth Certificate		
	Immunization Certificate (<i>GA Form 3231</i>)		
	GA Eye/Ear/Dental Records		
	Permanent Record Card (<i>School Transcripts</i>)		
	Test Record Card / Scores		
	Reading & Math Levels/ System		
	Individual Education Plan (<i>IEP</i>)		
	Psychological Test Reports (<i>Disciplinary Reports</i>)		
	Speech Therapy		
	Special Education Information		
	Other Related School Service Records		
	Report Card		



STUDENT MEDICAL INFORMATION

Student Information	
Full name:	
Gender and Grade:	
Home address:	
Home phone:	
Cell phone:	
E-mail address: (if applicable)	
Birthday (MM/DD/YYYY):	
SSN:	
Student lives with:	
Parent or Guardian Information	
Mother:	
Job:	
Home Address:	
Business Address:	
Personal e-mail address:	
Business e-mail address:	
Phone: Home & Business	
Cell Phone and/or Pager:	
Father:	
Job:	
Home Address:	
Business Address:	
Personal e-mail address:	
Business e-mail address:	
Phone: Home & Business	
Cell Phone and/or Pager:	
Emergency and Medical Information	
In case of emergency:	
1 st contact name:	
Emergency contact's address	
Emergency contact's phone:	
1 st contact home, cell or work numbers	

Student Information

Doctor's name:	
Doctor's phone:	
Doctor's address:	
Medical insurance carrier and member number:	

MEDICAL INFORMATION

Known medical conditions:	
Known allergies:	
Current medications:	

Alternative Emergency Contact Information

Full name:	
Home address:	
Home phone:	
Cell phone:	
Full name:	
Home address:	
Home phone:	
Cell phone:	

Authorized Individual's to Pick-Up Student

Full name:	
Home address:	
Home phone:	
Relationship:	
Business Phone:	
Cell Phone:	
Full name:	
Home address:	
Home phone:	
Relationship:	
Business Phone:	
Cell Phone:	
Notes:	



GEORGIA PREPARATORY SCHOOL, INC.
MEDICAL AND TRANSPORTATION AGREEMENT

Child's Name _____ Birth Date _____

Address _____ Cell/Home Phone _____

Known Allergies _____ Current Medication _____

Special Needs/Conditions _____

Father's/Guardian's Name _____	Mother's/Guardian's Name _____
Employer _____	Employer _____

In case of an emergency when parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Child's Physician _____ Phone _____

Medical Center that Georgia Prep uses:

Piedmont Rockdale

Address: 1412 Milstead Avenue, Conyers, GA 30012 **Phone:** 770-918-3000

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The information provided by me in this release form is, to the best of my knowledge, accurate and true. As indicated by my signature below, I authorize Georgia Prep personnel to consent to any emergency treatment of my minor child, _____ which shall in my absence be deemed necessary. This shall include examination, anesthesia, medical diagnosis, surgery or treatment and/or hospital care of the minor child and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America. I acknowledge that I will be responsible for any cost incurred by this treatment. I understand that Georgia Prep does not provide health insurance to students. This authorization shall be valid during the _____ school year only.

In the event of an emergency involving my child, if I cannot be reached, I hereby authorize any necessary medical treatment to be given. I further agree that I will not hold Georgia Prep, or its representatives, liable in any way. I understand that I will be responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardian: _____ **Date:** _____



**GEORGIA PREPARATORY SCHOOL, INC.
FAMILY INFORMATION**

Father

Mother

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Preferred E-Mail for School Communication

Preferred E-Mail for School Communication

Father's Occupation _____

Mother's Occupation _____

Employer _____

Employer _____

Business Phone _____

Business Phone _____

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: _____

If parents are separated or divorced, is the non-custodial parent to receive a copy of the grade report?

Are there any restrictions on the non-custodial parent? ____ Yes ____ No (if yes, please provide court order)

Please list individuals who are permitted to pick up your child if the parents or guardians are unable to do so:

1) _____

3) _____

2) _____

4) _____



BEFORE AND AFTER CARE TUTORING AGREEMENT

_____ I elect for my child to be enrolled in GA. PREP Before Care Tutoring Services

_____ I elect for my child to be enrolled in GA. PREP After Care Tutoring Services

Child's Name _____

on the following days and times: _____

PAYMENTS ARE PROCESSED ON THE FIRST OF EVERY MONTH!

Services Provided:

Homework Help

Computer Time/Game Time/Movie Time/Group Time/Quiet Time

Nutritious Snack

_____ Before Care Tutoring Services [6:30AM- 7:30AM]

Cost: \$50.00/Week

_____ After Care Tutoring Services [4:00PM –6:00PM]

Cost: \$75.00/Week

_____ **\$50.00 DEPOSIT**

[To hold placement – Nonrefundable]

NOTE TO PARENT: If you elect to participate in the after-school care tutoring services, you must pick your child up promptly by 6:00pm. An additional fee of \$15 will be assessed for each ½ hour of late pick-up after 6:30pm. These fees will be applied each time a late pick-up occurs and will be due at the beginning of each month. If fees are not paid accordingly, the same procedures will be adhered to regarding late payment (see Tuition Agreement).

NOTE TO PARENTS ELECTING OUT OF AFTER CARE SERVICES: If your child remains after school and is not enrolled in the aftercare tutoring services, you will be charged the after-care services fee accordingly. A one-time complimentary late pick-up will be allowed but notation will be made. A fee of \$20 will be assessed for the 2nd late pick-up. For a third time late pick-up, a fee of \$35 will be assessed. For a fourth time late pick-up, a fee of \$40 will be assessed. If fees are not paid accordingly, the same procedures will be adhered to regarding late payment (see Tuition).



Georgia Preparatory School
7188 Turner Lake Road
Covington, GA 30014
(Ph) 770-922-4636
admin@georgiaprep.org

GEORGIA PREPARATORY SCHOOL, INC. TEACHER EVALUATION FORM

Parents, please submit this form to your child's current or most recent teacher with a stamped envelope addressed to the Admissions Office.

Student: _____ Current Grade: _____

School Currently Attending: _____

Address: _____ City/State/Zip _____

TO: PRINCIPAL, TEACHER, OR COUNSELOR

The student named above has applied for admission into _____ grade at Georgia Preparatory Private School for the academic year _____. Your help is requested in supplying as much information below as possible so that we can better meet the needs of this student. Length of time in this school: _____.

Please evaluate the following areas with a check mark:	Excellent	Good	Average	Poor
Displays Courteous/Positive Behavior				
Effort				
Cooperation				
Obeys Rules				
Relationship with Teacher				
Respects Authority				
Relationship with Peers				
Emotional Maturity				
Exhibits Self Control				
Respects Property of Others				
Listens Attentively				
Follows Directions				
Accepts Responsibility				
Participates in Class				
Completes Work				
Works to Ability				
Works Independently				
Organizational Skills				
Attendance				

Reading Series and present level of child – please explain: _____

Math Series and present level of child – please explain: _____

Phonic Series (type of program) and present level of child – please explain: _____

Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect this student's progress: _____

Please list any area of academic advancement or special recognition awarded: _____

Please comment on Behavior/Attitude. Work/Study Habits, and Peer Relationships: _____

Has the student ever required any special program or other intervention resulting from a learning or behavioral challenge including participating in a Learning Disability Resource Center, a Developmental Reading, English, Math or Other Program, or Behavior Modification:

Has the student ever been so advised to participate in such a program? ____Yes ____No

Parent Involvement: **(please mark all that apply)**

☐ Very Supportive ☐ Supportive ☐ Average ☐ Minimal ☐ Adversarial

Comments: _____

Additional helpful information: _____

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have a bearing on our decisions.

Signature of person completing report

Title

Telephone Number

Date



COMPUTER USAGE AGREEMENT

GEORGIA PREP is networked and provides technologies that allow students and staff members to share information and access to data via the Internet. This access is to enhance and support research activities and provide additional educational opportunities for all students. Each student and parent will be required to read and sign this signature page signifying that they have read and understand and will fully abide by GEORGIA PREP Internet usage agreement. Any student who violates this agreement will risk losing his/her Internet usage for the remainder of the semester or academic school year. If such a student be found in violation of the internet usage agreement and loses his/her privilege, then it is the sole responsibility of the parent/guardian to assure that his/her child complete any assignment requiring internet usage outside of school.

In consideration for having access to public networks. I hereby release Georgia Preparatory School and its officers, employees and agents from any claims and damages arising from the use of the GEORGIA PREP networks.

I have read and agree to comply with the Computer Usage Agreement. I also understand that any violation of the procedures is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and disciplinary action may be taken.

User Name: _____ School: _____
Please Print

User Signature: _____ Date: _____

Section (A) to (B) Completed by Parent or Guardian

I have read and agree to comply with the Acceptable User Agreement. I understand that access is designed for educational purposes. Georgia Preparatory School has taken precautions to eliminate controversial material. However, I also recognize that it is impossible for Georgia Preparatory School to restrict access to al controversial materials and I will not hold Georgia Prep responsible for the materials acquired on the public network(s).

As the parent/guardian of the student named above, I hereby give permission to issue an account for my child and certify that the information on this form is correct.

Name: _____ School: _____
Please Print

Signature: _____ Date: _____

Section (B) To Be Completed by Sponsoring Teacher

I have read and agree to comply with the Acceptable User Agreement I also agree to promote these procedures with the students. As the sponsoring teacher, I agree to instruct the student on acceptable use of the network etiquette.

Name: _____ School: _____
Please Print

Signature: _____ Date: _____



WAIVER FOR PERSONAL ELECTRONIC PROPERTY

This is an agreement, applicable to students, staff and visitors to be responsible and accountable users of any personal electronic property they wish to bring into our school. Persons processing specified portable electronic devices (computer, netbook, e-reader, smart phone, PDA, etc.) understand that this device is my personal property and not that of the school and is to be used solely for educational purposes. As such, I understand that Georgia Preparatory can assume no responsibility for the device and will be held blameless in the event of damage or loss. I understand that responsibility for the care of the device AND my behavior while using this device belongs solely to me.

As a user of the Georgia Preparatory computer network, I agree to comply with all Acceptable Use Policy requirements for network and classroom use. The use of any such electronic devices in the classroom will be at the sole discretion of the classroom teacher and/or administrator of the school. Failure to follow all rules will result in the loss of privileges.

Employee, Student, or Visitor

User Name (please print) _____

Requested Device _____

User Signature _____

Date _____

Parent/Guardian Permission

(Required for students to operate personally owned technology devices in school or on school property)

As the parent/guardian of the above listed student, I have read and understand the above school procedures for the acceptable use of personal electronic property, I hereby give my permission for my child to use the specified device at the school.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

Administrator's Approval

Administrator's Name _____

Administrator's Signature _____

Date _____