

REQUEST FOR PROFESSIONAL RECORDS

DO NOT RETURN THIS FORM TO EATON ACADEMY.

Please fill out this form and send it any professionals who have worked with your child over the past 2 years.
The professional should send copies of such material to:

**Eaton Academy
1000 Old Roswell Lakes Parkway
Suite 110
Roswell, GA 30076
Phone (770) 645-2673
Fax (770) 645-2711**

I hereby authorize _____

(Professional's Name and Title)

to release information from the record of _____

(Full name of child)

to **Eaton Academy.**

Parent's or Guardian's Signature _____

Date _____

Note: A request has been made to Eaton Academy to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student. It is understood that the information released will remain confidential.

PARENT QUESTIONNAIRE

1. How did you learn of Eaton Academy?

2. Circle the letter which best describes your child.

| | High Level | Average Level | Low Level |
|-------------------|------------|---------------|-----------|
| a. Motivation | H | A | L |
| b. Frustration | H | A | L |
| c. Tolerance | H | A | L |
| d. Creativity | H | A | L |
| e. Activity Level | H | A | L |
| f. Cooperation | H | A | L |

3. Circle the letter which best describes your child.

| | Exceptional | Average | Poor |
|--------------------------|-------------|---------|------|
| a. Organizational Skills | E | A | P |
| b. Self-discipline | E | A | P |
| c. Respect for Authority | E | A | P |
| d. Peer Relationships | E | A | P |
| e. Physical Development | E | A | P |
| f. Decision Making | E | A | P |
| g. Emotional Development | E | A | P |
| h. Success in Schoolwork | E | A | P |
| i. Coordination | E | A | P |
| j. Accepts Correction | E | A | P |

4. What are your child's hobbies or interests? In what sports has your child participated?

5. Has your child been diagnosed as having any special needs? If YES, please explain what they are.

6. Is your child currently receiving any medication? Yes____ No____

Name of medication

If YES, describe the condition for and dosage under which it is being given:

7. List any medical conditions significant to your child's well-being:

8. Is there a history of emotional or behavioral difficulty in relationship to family, peers or academic setting? Yes__ No__

Has any evaluation or treatment been conducted in relationship to these problems? Yes__ No__

If YES, please have the psychologist or psychiatrist involved in the evaluation or treatment of these problems submit a report to Eaton Academy.

Psychologist and/or Psychiatrist_____

Address_____ Telephone_____

9. Has your child ever been subject to major disciplinary action (suspension or dismissal) in any school? Yes____ No__

If YES, please give dates and details. (Use additional sheet if needed.)

10. Has your child ever been involved with law enforcement authorities? Yes__ No__ If YES, please explain.

REQUEST FOR SCHOOL RECORDS

DO NOT RETURN THIS FORM TO EATON ACADEMY

Please fill out this form and send it directly to the last school attended by your child.

The school should send copies of such material to:

**Eaton Academy
1000 Old Roswell Lakes Parkway
Suite 110
Roswell, GA 30076
Phone (770) 645-2673
Fax (770) 645-2711**

I hereby authorize _____
(Name of School)

to release information from the record of _____
(Full name of child)
to **Eaton Academy.**

Parent's or Guardian's Signature _____

Date _____

Note: A request has been made to Eaton Academy to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student. It is understood that the information released will remain confidential.

School Information Requested:

1. Grade Record
2. A copy of all psychological evaluations, including the following test scores:
 - a. Group and Individual Intelligence Tests (including Profile Sheets)
 - b. Achievement Tests: Reading, Spelling and Arithmetic
 - c. Any other tests given
3. Individual Education Plan (if applicable)
4. Teacher, Guidance Counselor, and/or other staff comments: use recommendation form
5. Health Record
6. Attendance Record
7. Transfer Records
8. Any available dated samples of child's work

TECHNOLOGY CODE OF ETHICS

Parent and Student must read and sign.

Computers and other forms of technology are an important part of the academic environment at Eaton Academy. Students must use technology in a responsible manner. In order to ensure that all students and parents understand our policies, we ask that parents review the following Technology Code of Ethics with their children. After this form has been signed and returned to Eaton Academy, students will be permitted to use computers/technology at Eaton Academy.

Technology Code of Ethics

1. It is Eaton Academy's policy that students shall not alter or attempt to alter company or private property including technology hardware and software. Students shall not:
 - a) change desktop settings or control panels on computers
 - b) remove or damage mouse tracking balls, keyboard keys, cables, connectors, network jacks or any other hardware
 - c) modify computer software
 - d) damage computer disks, CD-ROM's video tapes, laser discs or other media.
2. It is Eaton Academy's policy that students shall not bring computer software and/or disks to any Eaton Academy site to be used on company computers without the prior approval of a Director or an instructor. Eaton Academy discourages bringing software from home. In many cases, such usage would be a violation of copyright laws. We also intend to prevent the spread of computer viruses.
3. Students will not violate the copyright laws concerning computer software and the use of digital images, sounds or other data. Students will not make or use illegal copies of software. Students will be asked to provide bibliographic references when using digital information.
4. Students will not attempt to learn or use any computer security passwords.
5. Students may be asked to provide new, blank 3.5" diskettes to store their work. They are responsible for the care of their disks and are not allowed to share disks with other students.
6. The consequences for violating the above policies are listed in the Parent/Student Handbook. Eaton Academy considers abuses of these policy serious offenses.

By reading the above statements and signing below, parents are giving their permission for their children to have access to Internet resources while enrolled in Eaton Academy programs. By reading the above statements and signing below, students are agreeing to abide by these guidelines.

Students are permitted to use the Internet only for educational purposes and only under direct supervision by Eaton Academy staff. Some material on the Internet may not be of educational value. Families need to be cognizant that some material obtained via the Internet may be controversial, offensive or inappropriate for children. We firmly believe, however, that the benefits to students from Internet use far outweigh the possible risks of accessing inappropriate material.

The use of the Internet is a privilege, not a right. Inappropriate behavior may lead to the revocation of this privilege as well as to possible disciplinary action. The decision of what is appropriate will be made by the Eaton Academy employee/instructor.

Student Name: _____

Parent: _____ I hereby give my permission for _____ to access information on the Internet. I understand that misuse of this privilege by my child will result in termination of Internet privileges and/or disciplinary action.

_____ I do not want my child to have access to the Internet with Eaton Academy.

Parent Signature and date

Student Signature and date

TERMS OF INDEPENDENT STUDY SERVICES

The Independent Study Program that Eaton Academy provides is offered on an individual basis. We focus on the identification of learning styles and the implementation of strategies that meet the individual needs of learners. Our tutors are qualified in the area(s) in which they work with your child.

1. Sessions are typically scheduled to last 55 minutes, although you may choose longer sessions. Additional time is billed on a pro-rated basis.
2. Sessions begin at the agreed upon starting time. If you arrive late, you will have the time remaining in the hour for your session. Each tutoring session will have 5 minutes built in for discussion of student progress. If you require more time, please let the tutor know. Arrangements can be made to use more of the tutoring hour for discussion.
3. Your payment must be received before the program can commence.
4. The Student is required to complete a minimum enrollment of one (1) full Carnegie Unit or two (2) half Carnegie Units with Eaton Academy and to meet all Eaton Academy graduation requirements in order to be granted an Eaton Academy diploma.
5. Eaton Academy cannot be held responsible for failure to educate or for opinions pertaining to assessments.
6. If for any reason you are not satisfied with a tutor's performance, please contact Brian Uitvlugt or Marj Segal at Eaton Academy (770) 645-2673 immediately. Your concerns are of utmost importance to us, and we are happy to discuss any changes necessary to meet your needs.
7. For Independent Study Programs:
 - A. Eaton Academy must approve all materials used in all courses.
 - B. All testing materials must remain in the instructors' possession at all times, and completed tests must remain on file with Eaton Academy.
 - C. All tests must be administered by an instructor in an appropriate setting.
8. Cancellations:

If you are unable to make a scheduled tutoring session, please contact your tutor or Marj Segal (ext. 51) so the session can be re-scheduled. If a tutor has **not** been notified 24 hours in advance, the session is considered lost (used).

We look forward to guiding the successes this year for you and your child.

Please read this statement carefully and sign below:

I have completed this application to the best of my ability, and I hereby certify that all statements made are true and accurate to the best of my knowledge. Additionally, I hereby acknowledge reading, understanding, and agreeing to the terms, conditions and expectations contained in this application.

Parent/Guardian Name

Signature of Parent/Guardian

Date

Georgia Department of Human Resources

School Certificate of Immunization

Eaton Academy

| |
|--------------------------------|
| Immunization Record |
|--------------------------------|

Child's Name _____ Date of Birth _____

Parent's Name _____

Please attach Form 3231 to be obtained from the Student's physician.