

EATON ACADEMY

1000 Old Roswell Lakes Parkway, Suite 110
Roswell, Georgia 30076
(770) 645-2673

Dear Parents,

To simplify the application process, the forms are numbered with form name titles. We hope the list below will help you to keep them organized.

Please remember to include a copy of your child's birth certificate.

<u>FORM NUMBER AND TITLE</u>	<u>PERSON RESPONSIBLE FOR COMPLETING/SIGNING</u>
Form 1: Application Including: Parent Questionnaire Emergency Medical Treatment Form Emergency Dismissal/Transportation Form	Parent
Form 2: Student Health Record	Parent
Form 3: Medical Examination	Student's Physician
Form 4: School Certificate of Immunization	Student's Physician
Form 5: Athletic Participation and Activity Trip Permission Form	Parent
Form 6: Request for Release of School Information (Send to student's previous School – if applicable)	Parent
Form 7: Teacher/Personal Recommendation	Personal Reference
Form 8: Technology Code of Ethics	Parent & Student

The admissions policy of Eaton Academy is non-discriminatory with regard to race, creed, color, sex, or ethnic or national origin.

*Eaton Academy is accredited by the:
Southern Association of Colleges and Schools (SACS)
Commission on International and Trans-Regional Accreditation (CITA)
Georgia Accrediting Commission (GAC)*

Application

Eaton Academy

INSTRUCTIONS:

1. Application is to be completed by Parent or Guardian. (All information is confidential.)
2. Send to Eaton Academy.
3. Send the applicant's current educational records to Eaton Academy prior to the interview.
4. Both Parents/Guardian must sign the application.
5. Include a copy of the child's birth certificate.

Date of Application _____

Full Legal Name of Applicant _____
Last First Middle

Preferred Name _____ Social Security Number _____ Sex _____

Street Address _____

City _____ State _____ County _____ Zip _____

Date of Birth _____ Age _____ Citizenship _____ Place of Birth _____

Parent _____ Age _____ Check if Deceased _____

Level of Education _____ Degree _____ Institution Name _____

Business _____ Position _____

Address _____ Phone H. _____ W. _____

Email: _____ Cell: _____

Parent _____ Age _____ Check if Deceased _____

Level of Education _____ Degree _____ Institution Name _____

Business _____ Position _____

Address _____ Phone H. _____ W. _____

Email: _____ Cell: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____

Applicant's Legal Guardians Are: _____

Name of Step-Parent (if any) _____ Age _____ Check if Deceased _____

Level of Education _____ Degree _____ Institution Name _____

Business _____ Position _____

Address _____ Phone H. _____ W. _____

***Please send financial correspondence to** _____

***Please send school correspondence to** _____

School student now attending _____ Grade _____ Grade(s) Repeated _____

List all schools previously attended (attach extra sheet if necessary):

NAME	ADDRESS	GRADES	DATES ATTENDED

Application

Eaton Academy

Form 1

Page 4 of 4

Emergency Dismissal/Release

In anticipation of the possibility of transportation changes, emergencies, or dismissal due to snow or other causes, we need your cooperation in completing and returning this form. This is particularly important information in the event of a change in your transportation arrangements, serious illness, or accident, and it is also necessary should school need to be dismissed early.

Please be sure that the information you provide is current and correct, and do notify the person you list as an emergency contact. In case of emergency, please contact:

Name: _____ Address: _____

Telephone Numbers: H) _____ W) _____ C) _____

Relationship of party to student: _____

If the above named individual is unavailable and/or if, at the discretion of Eaton Academy, it is more advantageous, I also authorize Eaton Academy to release my child to the following Eaton Academy family(ies):

After completing this entire application, please attach a copy of the child's birth certificate and the completed Student Health Record, and mail to Eaton Academy. In addition, please arrange to have copies of recent educational, psychological, and medical reports mailed to Eaton Academy as quickly as possible.

I certify that I have read, that I agree with, and that I understand this application. Further, I certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein or omission of information requested herein, Eaton Academy reserves the right to revoke any admission to Eaton Academy. I also agree that Eaton Academy may publish my address and telephone number in a private, student directory.

I understand that placement at Eaton Academy is on a year-to-year basis only and that there is no specific or implied guarantee that this applicant can be retained by or in Eaton Academy beyond the one-year period to be specified.

Parent or Guardian: _____
Please Print

Signature: _____ Date: _____

Parent Questionnaire

1. How did you learn of Eaton Academy? _____
2. Write a description of your child. (Use additional sheet if needed.) _____

3. What are your child's chief strengths? _____

4. What are your child's areas of greatest need? _____

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

6. Has your child been diagnosed as having any special needs? _____

7. 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: _____

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

9. 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 briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to the Director of the Eaton Academy. An application will not be complete until all of this information is provided.

Psychologist and/or Psychiatrist _____
Address _____ Telephone _____
10. Has the applicant 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.) _____

11. Has the applicant ever been involved with law enforcement authorities? Yes ___ No ___ If YES, please give dates and details. (Use additional sheet if needed.) _____

Student Health Record

Eaton Academy

Form 2

Page 1 of 1

Student Health History (To Be Completed by Parent or Guardian)

Instructions: Parents/Guardian, please complete this form and submit it with the application prior to or at the interview. The applicant's physician should complete the Medical Examination, which must be on file prior to the student's admission.

Student's Full Legal Name _____ Birth Date _____

Illnesses: Please check those illnesses the student has had or to which he/she may be subject to having:

- | | | |
|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Backache | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Colds <input type="checkbox"/> Frequent <input type="checkbox"/> Severe | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Earache |
| <input type="checkbox"/> Epilepsy (grand mal) | <input type="checkbox"/> Epilepsy (petit mal) | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Measles | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Whooping Cough |

Has the student experienced or is the student subject to having any type of emotional problems? Yes _____ No _____

Please explain any hospitalizations. _____

Has the student experienced or is the student subject to any type of alcohol or drug use or abuse? Yes _____ No _____

If so, please explain. _____

Does the student smoke? Yes _____ No _____ If yes, please relate to the applicant that Eaton Academy has a no smoking/no tobacco products policy.

Other than any of the typical childhood communicable diseases listed above, has the student ever been diagnosed with any type of communicable disease? Yes _____ No _____ If yes, please explain. _____

Is the student capable of participating in physical education classes and intramural/interscholastic sports? Yes _____ No _____

(Explain) _____

Does the student have any allergies? Yes _____ No _____ If so, please explain. _____

May the student be given over-the-counter medication (such as Tylenol/Advil or their generics) by School personnel?

Yes _____ No _____ If yes, please specify if there are any such medications that should not be given _____

Medical Examination

Eaton Academy

Form 3

Page 1 of 2

To be completed by Applicant's Physician

Instructions: The information below must be completed by the applicant's physician and returned promptly to:

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

Name of Student _____ Date of Examination _____

Physical Characteristics

Height _____ ft., _____ in. Weight _____ lbs. Complexion _____ Color of Hair _____

Color of Eyes _____ Frame _____

Birthmarks or Distinguishing Features _____

General Health

Please place a check by any of the following in which there are abnormalities or areas of concern:

Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth

Blood Pressure Neck Chest Heart Abdomen Back Rectum

GU Hearing Secondary Characteristics Extremities Reflexes

Psychological factors (known or observed) Blood Urinalysis Immune System

Explanation of any of the above items:

Summary and Impressions:

Medical Examination

Eaton Academy

Form 3

Page 2 of 2

Recommendations:

To the best of your knowledge, is this person physically capable of participating in physical education sessions?

Yes No (Explain) _____

Physician: _____
Please Print

Signature: _____

Date: _____

Street Address _____

City _____

State _____

Zip _____

(_____) _____
Office Phone

Georgia Department of Human Resources
School Certificate of Immunization
Eaton Academy

Form 4 Page 1 of 1

Child's Name _____ Date of Birth _____

Parent's Name _____

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

Application

Eaton Academy

Emergency Medical Treatment

Carefully read and complete this page before signing this application

Name _____ Date of Birth _____ Age _____
Student's Full Legal Name

Student's Physician _____ Phone(s) _____

As attested by signing the Enrollment Contract and this document, the parent agrees that in the event of any situation (emergency, sickness, or accident) involving the student at a time and/or place that it is impractical to contact the parent, or for the parent to be present, the parent authorizes Eaton Academy to act *in loco parentis* (in place of parent) to provide whatever care, assistance, management, or services the student may require. The parent agrees to pay for any and all expenses incurred in providing such needs of the student.

Additionally, the parent hereby gives permission for the above named student to receive routine or emergency medical treatment or care by Eaton Academy staff. In the event of a serious emergency, the student will be transported by medical professionals to the nearest hospital emergency room. Routine medical treatment or care includes, but is not limited to, administering non-aspirin pain relievers and use of hydrogen peroxide/anti-bacterial agents on minor cuts and/or abrasions.

If you do not give permission, see below.

By signing this application, the parent, again, is stating that he/she understands and agrees that smoking is not permitted at Eaton Academy; that Eaton Academy maintains a zero tolerance policy with regard to alcohol, illegal drugs (use of, positive talk regarding, and paraphernalia associated with), weapons and violence (verbal and physical), and the inappropriate use of technology; and the parent has discussed these policies with the student applicant.

Insurance Policy Number

Name of Insurance Company

IMPORTANT: If you do *not* give us permission for your child to receive routine (such as but not limited to: non-aspirin pain reliever or bandages) or emergency medical treatment (such as but not limited to CPR), please sign below and give us your reason(s).

Signature of Parent or Guardian

Date

Reason(s) _____

Request for Release of School Information

Eaton Academy

Form 6

Page 1 of 1

Note to Parents or Guardian: Please fill out this form and send it directly to the last school attended by your child. **(Do not return this form to Eaton Academy.)**

I hereby authorize _____
(Name of School)
to release information from the record of _____
(Full name of Child)
to Eaton Academy.

It is understood that the information released will remain confidential.

Parent's or Guardian's Signature: _____

Date: _____

Note to School: 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.

Please send copies of such materials to the following:

Eaton Academy
1000 Old Roswell Lakes Parkway
Suite 110
Roswell, Georgia 30076
(770) 645-2673

School Information Requested:

1. Grade Record.
2. A copy of all psychological evaluations
3. Individual Education Plan (if applicable)
4. Teacher, Counselor, or other staff comments: use AAAIS recommendation form
5. Health Record
6. Attendance Record
7. Transfer Records
8. Disciplinary Report

Teacher / Personal Recommendation

Eaton Academy

Form 7

Page 1 of 2

Teacher/Personal Reference _____

Position _____

Business Address _____

Telephone _____

Home Address _____

Telephone _____

I. Association

A. How long have you known the applicant? _____

B. In what capacity? _____

II. General Academic Performance

(potential, daily classroom performance, learning styles, ability to generalize)

A. *Specific areas of strength* _____

B. *Specific areas of weakness* _____

III. General Behavioral Characteristics

A. Related to classroom (motivation, attention, frustration tolerance, ability to accept correction, activity level, cooperation, organization)

B. Related to others (self-discipline, respect for authority, peer relationships, maturity)

Teacher / Personal Recommendation

Eaton Academy

IV. Motor Coordination

A. Gross Motor

B. Fine Motor

V. Speech and Language

VI. Type of setting most conducive to learning (one-on-one, small group, regular classroom)

VII. Keeping in mind that Eaton Academy offers a highly individualized environment with staff committed to providing help through remedial or accelerated programs to individuals, do you recommend this candidate?

enthusiastically _____ with reservations _____
confidently _____ do not recommend _____

* Please explain reservations

VIII. Additional remarks

Signature _____

Date _____

Athletic Participation & Daily Activity Trip

Eaton Academy

Form 5

Page 1 of 1

Please Read: When signed, this form permits the student applicant to participate in athletic events or physical education activities. The form also provides permission for Eaton Academy to act on your behalf when your son or daughter is participating in an athletic event and medical attention is needed. Eaton Academy encourages each student to participate to the best of his/her ability in the various athletics offered by Eaton Academy.

Print Student's Full Legal Name _____ Date of Birth _____

Adherence to Rules and Regulations/Authorization and Agreement

Please read (Parent and Student):

As attested by the signature/s below, I/we understand and agree to conform to all the rules and regulations governing students of Eaton Academy while on an activity, trip, or weekday activity. I/we understand that the breach of any of these regulations may result in disciplinary action up to and including dismissal from Eaton Academy.

Understanding that my child may need emergency medical treatment during the hours when he/she attends or participates in Eaton Academy activity trips and school-sponsored weekday trips, I authorize Eaton Academy personnel to administer such first aid or other minor medical treatment as such person shall deem best under the circumstances. I further authorize Eaton Academy and its employees or agents to seek further medical treatment for my child should such employee or agent deem it necessary under the circumstances. ***I consent to all such medical treatment and agree to be financially responsible for the same.***

I also understand that medical insurance is not provided by Eaton Academy and the responsibility for providing such coverage rests with me as parent or legal guardian for my child. To my knowledge, my son/daughter has no injuries or illnesses that will hinder his/her participation in these activities. If so, I am providing the information on the back of this form. In the event there is an injury or illness that would restrict my child's participation in an activity or trip, I will immediately notify Eaton Academy personnel in writing.

I also give my child permission to participate in all daily activity trips while at Eaton Academy, including walking about the Old Roswell Lakes campus whether with a teacher or alone to change class. I allow my child to be transported by myself or another parent. I understand that teachers are not to provide transportation at any time.

My son/daughter and I further agree to release Eaton Academy and its employees and agents from all liability for injury to person or property sustained by my child from participation in Eaton Academy's physical education, intramural, interscholastic, school-sponsored trips, or extracurricular activity programs.

I hereby state that I have read, understand, and will comply with all of the foregoing requirements and regulations.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Student _____ Date _____

Annual Admission Data

Eaton Academy

Form 9

Page 1 of 2

CONFIDENTIAL INFORMATION

Academic Year: _____

CHILD

Full Legal Name: _____ Preferred Name: _____

Previous School Attended: _____ Age: _____ Birth date: ____/____/____

Complete Home Address: _____ Zip: _____

Insurance Company: _____ Policy Number: _____

This form must be completed, signed, and placed on file at our center prior to the first day of your child's attendance. **It must be updated whenever a change occurs, and must be resubmitted annually. This form will accompany your child to the hospital in case of an emergency, so accuracy and completeness is of utmost importance.**

PART 1: EMERGENCY LOCATOR

PARENT OR GUARDIAN May pick-up child? yes no (circle one)

Legal Name: _____ Email: _____

Home Address: _____ Zip: _____ Phone: _____

Employer: _____ Cell Phone Number: _____

Business Address: _____ Zip: _____ Phone: _____

PARENT OR GUARDIAN May pick-up child? yes no (circle one)

Legal Name: _____ Email: _____

Home Address: _____ Zip: _____ Phone: _____

Employer: _____ Cell Phone Number: _____

Business Address: _____ Zip: _____ Phone: _____

EMERGENCY HELP

A. If not already provided above, give names, numbers, or instructions as to how parents or guardian may be reached during the time your child is in school (be specific): _____

B. Persons the School may contact in an emergency if those persons listed above cannot be reached (they all may pick-up my child):

	NAME	RELATIONSHIP	BUS. PHONE	HOME PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PART 2: DISEASES AND ILLNESSES

GEORGIA STATE LAW REQUIRES your child to have a certificate of immunization on file at this school prior to his/her first day of attendance. This certificate can be obtained from your child's doctor.

A. Is medication required on a scheduled basis? _____ If so, what types? (List) _____

B. Name and address of local prescribing physician(s) _____

C. Does your child suffer from any of the following? ___ Diabetes ___ Epilepsy ___ Asthma ___ Hyperactivity
___ Attention Deficit Disorder ___ Other Allergies or Illnesses (List) _____

D. Is there any need to restrict your child's physical activity? _____ If so, please explain: _____

E. Please tell us in detail anything you feel we need to know which will help us protect the health and general well-being of your child. Attach a separate sheet of paper if additional space is needed. _____

Annual Admission Data

Eaton Academy

Form 9

Page 2 of 2

PART 3: SPECIAL PERMISSIONS

DIRECTIVE

We, the undersigned parents or guardian, authorize the following regarding our above-named child:

PICK-UP

Our child can be released from the School to the following person(s) other than ourselves:

	NAME	ADDRESS	PHONE	RELATIONSHIP
A.	_____			
B.	_____			

FIELD TRIPS

Our child **can** participate in, and be transported to and from school on "away from school" field trips, or other activities, if included in the School's program. We understand that Eaton Academy will make every effort to notify us of upcoming field trips and to provide us with dates, times, and places, as appropriate.

ACCIDENT OR ILLNESS

Should our child become ill or have an accident and it is the opinion of Eaton Academy authorities that he/she requires a physician's attention and Eaton Academy is unable to locate us, then the physicians named below, in order of preference as listed, may be authorized by Eaton Academy authorities to attend our child.

1. * Dr. _____
2. Dr. _____
3. Dentist _____

* NOTE: This should be the doctor who maintains your child's medical records.

EMERGENCY

In the event the administration of an anesthetic or the performance of emergency surgery is necessary (as, for example, in the setting of a broken bone), and neither of the undersigned is available to give permission, then we the undersigned parents or guardians, authorize and empower a representative of Eaton Academy to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery on our child.

AUTHORIZING SIGNATURES

We have read "Part 3" above and give our permission as stated. We also attest that all information provided in "Part 1" and "Part 2" of this form is correct to the best of our knowledge. Finally, we acknowledge that we are still in agreement with the Technology Code of Ethics and the permission to photograph and film our child.

Signature of Person Completing This Admission Form: _____

Relationship to the Student _____

Signature of Other Parent or Guardian: _____

Technology Code of Ethics Agreement

Eaton Academy

Form 8

Page 1 of 1

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