

• NOTICE OF NONDISCRIMINATION •

Romar Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. or any other school administered programs.

Romar Academy

2148 Newnan Street • East Point, GA 30344
(404) 761-3388 Phone • (404) 761-1495 Fax
romaracademy.org

“Learning, Caring, Growing, Sharing”

Admission Application for

Child's Name

Date

to

School Year Applying for

Grade Applying for

Applying to:

- Pre-School Program** (Toddlers, Two-Year Olds, Three Year Olds)
- Pre-Kindergarten Program** (Four / Five Year Olds)
- Primary School** (Kindergarten, 1st Grade, 2nd Grade)
- Preparatory School** (3rd Grade, 4th Grade, 5th Grade, 6th Grade)

For Office Use Only

_____ Application Fee _____ Birth Certificate (Copy) _____ Social Security Card (Copy) _____ EED (Eye, Ear, Dental Form)
_____ Immunization (Form #3231 - Pk4~6th) _____ PEF (Principal Evaluation Form - 1st-6th) _____ TRF (Teacher Referral Form - 1st-6th)
_____ Transcript (1st-6th) _____ Records Release Form (1st-6th) _____ Photo of Child

Please complete all fields within the application and use N/A for items that do not apply!
Incomplete applications will not be accepted!

Applicant Information

Child's Legal Name _____ Male _____ Female _____
First Middle Last

Child resides with: _____ Current Age _____
Legal Name

Mother Father Joint (*Mother & Father*) Guardian Grandparent Other _____

Address _____ Telephone _____

City State Zip Code County of Residence

Date of Birth _____ Place of Birth (City/State) _____

Religious Preference _____

Name of county / city school system student would ordinarily attend: _____

School Presently Attending _____ Present Grade _____

Address _____
Street City State Zip

Email to be used in official notifications from Romar Academy: _____
(Please print)

(Information must be completed for all living parents. Per state law, Romar Academy will not accept any application without the mother and father's complete information. If a parent is deceased or absent, legal arrangements have been made, please provide proper documentation as this pertains to the safety of your child and gives Romar legal authority when releasing students.)

Parents are: Married Divorced Separated Widowed Single

If parents are divorced, who has legal custody of child? Mother Father Guardian Joint
(Please provide copy of the court order if a parent has supervised visitation or limited custody such as weekends or holidays.)

Parent #1 Full Name (include maiden name) _____

Address (if different from child's) _____

City/State/Zip _____ Phone Number _____

Employer _____ Position _____

Employer's Address _____

Work Number _____ Cell Number _____ Email Address _____

Underline Highest Educational Level Attained:

High School Associate Degree College Degree Master's Degree Ph.D. M.D. Law Other

Parent #2 Full Name _____

Address (if different from child's) _____

City/State/Zip _____ Phone Number _____

Employer _____ Position _____

Employer's Address _____

Work Number _____ Cell Number _____ Email Address _____

Underline Highest Educational Level Attained:

High School Associate Degree College Degree Master's Degree Ph.D. M.D. Law Other

List relatives at Romar _____

Academic & Behavior Record

Name of School _____ Current Grade _____
Address _____ City/State/Zip _____
Principal _____ In attendance since _____
Counselor / Teacher _____ Public or Independent _____



~~Other Schools Attended:~~

Name of School	City / State	Grades	Years

Public or Independent
Public or Independent
Public or Independent

List names and ages of other children in family and schools presently attending:

List outside activities in which student is involved : _____

In what subject(s) has the student excelled in the past? _____

In what subject(s) has the student had the most difficulty? _____

What previous honors or academic awards has the student received? _____

(Please complete this section as correct as possible. Romar carefully reviews unique circumstances and school records for accuracy.)

Has child had any discipline problems in school? Yes No

If yes, specify problems and action taken: _____

Explain any other information that will help us with your child's well-being at school.

Physician's Name _____ Telephone No. _____

Address (Street/City/State/Zip) _____

Has the student been tested by a psychologist or psychiatrist? Yes No

If yes, please specify. _____

Does child have any allergies, physical disabilities or limitations? Please Specify: *(use attachments if necessary)*

Emergency Information

Medical Facility the center uses: **South Fulton Medical Center 1170 Cleveland Avenue East Point, Ga 30344**

Child's Primary Healthcare Provider: _____ Account #: _____

Persons authorized to pick up your child:

Name	Address	City/State	Telephone No.	Relationship

Persons other than parents to be contacted in case of an emergency:

Name	Home / Work / Cell #'s

I verify the information on the Admission Application to be true and correct and I have not intentionally omitted any information. I recognize that completion of this application does not guarantee admission to Romar Academy. If my child is accepted, I agree that my child will attend the program five days a week for the 180-day school year. I understand that upon enrollment, my family is subject to the policies of Romar Academy and failure to comply with attendance and other requirements could result in disenrollment. I hereby grant permission for the information provided in the preceding application to be distributed to the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Romar Academy which shall include, but not limited to, Georgia Department of Education, Georgia Accrediting Commission (GAC), National Association for the Education of Young Children (NAEYC), Georgia Association for the Education of Young Children (GAEYC), and colleges/universities as deemed necessary. I have enclosed with the Admission Application appropriate age documentation, citizenship status and a picture to begin the admission process.

Parent / Guardian Signature _____ **Date** _____

TELL US ABOUT YOURSELF!

How did you hear about Romar? (include names/title) _____

Are you originally from Atlanta? _____

If not, how long have you lived in Atlanta? _____

From where did you move? _____