



Homeschool & Virtual Learning
Enrollment Form

1. Primary Parent/Guardian Contact		
Name		Driver's License #:
Street Address:		
City:	State:	Zip:
Home Telephone:	Cell:	Email:
2. Second Parent/Guardian Contact		
Name:		Driver's License #:
Street Address:		
City:	State:	Zip:
Home Telephone:	Cell:	Email:
Relationship:		
3. Parents are: ____ Married ____ Divorced ____ Separated ____ Widowed ____ Single		

4. Emergency Contact Information

Name:

First Name

Last Name

Relationship to Child:

Email:

Home Telephone:

Work Telephone:

Cell Phone:

5. Permission for Medical Care

I (we) give EduFirst Career & Technical Academy permission to provide first aid care for child. In the event I (we) cannot be reached, I (we) hereby authorize EduFirst Career & Technical Academy to transport my child to the emergency room of the hospital below. I (we) hereby grant consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary, including anesthesia. I (we) further accept financial responsibility for all medical expenses incurred.

Nearest Hospital: Piedmont Fayette Hospital, 1255 Highway 54 West, Fayetteville, GA 30214

Signature of Legal Guardian(s)

Date

6. Child's Physician

Name: _____ Telephone No. _____

Address: _____

7. Medical Insurance Information

Child's Health Insurance Provider:

Insurance Policy Number:

Insured

Parent or Guardian's Name: _____

Child Information

8. Name:

First Name_____
Last Name_____
Nickname9. **Date of Birth**

Month: _____

Day: _____

Year: _____

10. **Age:** _____**Gender:** Male _____ Female _____11. **Height:** _____**Weight:** _____

12. Student's Cell Phone (if applicable): _____

13. Does your child have any mental health related concerns? If so, please describe below:

14. Has the student had testing for a learning and/or emotional behavior disability? If so, please state:

Date(s): _____ Who performed testing: _____

Results/Diagnosis testing: _____

15. Does the student have any of the below? If so, please provide EduFirst Career & Technical Academy with a copy.

 An SST Behavior Intervention Plan An IEP A Section 504 PlanIf so, what is the student's primary qualifying criteria for the item checked above?

16. Has your child been diagnosed with any of the following items? If so, please circle all that apply.

ADHD

Down's Syndrome

Apraxia

Epilepsy/Seizure Disorders

Auditory Issues

Fragile X

Autism/ASD/PDD	Speech & Language Disorder
Central Auditory Processing Disorder	Tourette's Syndrome
Cerebral Palsy	Other? (Please state)_____
Cognitive Delays	

17. **ALLERGIES:** ___ Yes ___ No If so, please list: _____

Bee Stings? ___ Yes ___ No

Nuts? ___ Yes ___ No

If so, please list types:

Medications? If so, please list:

18. **MEDICAL CONDITIONS:**

<input type="radio"/> Asthma	<input type="radio"/> ADHD
<input type="radio"/> Bowel/Bladder Problems	<input type="radio"/> Epilepsy/seizure disorder
<input type="radio"/> Glasses	<input type="radio"/> Diabetes
<input type="radio"/> Headache	<input type="radio"/> Hearing Problems
<input type="radio"/> Heart Trouble/Murmur	<input type="radio"/> Poison Ivy/Poison Oak
<input type="radio"/> Respiratory Problems	<input type="radio"/> Sinus Problems
<input type="radio"/> Sleepwalking	<input type="radio"/> Flu / Colds
<input type="radio"/> Vision Problems	<input type="radio"/> Other: _____

19. **Date of last Tetanus Injection:** _____

20. **Immunization Record:** Date of Last Immunization : _____

21. **Person(s) who have permission to pick up your child.** Please note that anyone picking up your child must have picture ID.

Name of Individual #1:

First Name

Last Name

Relationship to child:

Email:

Home Telephone:

Work Telephone:

Cell Phone:

Name of Individual #2:

First Name

Last Name

Relationship to child:

Email:

Home Telephone:

Work Telephone:

Cell Phone:

Name of Individual #3:

First Name

Last Name

Relationship to child:

Email:

Home Telephone:

Work Telephone:

Cell Phone:

22. Please provide any additional information that can help us better respond to your child's needs and/or interests.

23. Please list any siblings currently enrolled and/or applying to EduFirst Career & Technical Academy:

Parent/Guardian's Signature:

Today's Date: