



**SHAPING LIVES FOR  
SUCCESS**

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## 2020-2021 New Student Application for Pre-K – 8<sup>th</sup> Grade

Student Information										
Student's Legal Name:	Last			First				Middle		
Date of Birth:	Month		Day		Year		Place of Birth:	City		State
Grade for Fall 2020 (Circle One):	P4	K5	1	2	3	4	5	6	7	8
Address:	Street									
	City			State		Zip		County (district)		
Ethnicity (Optional):	Caucasian	Hispanic	African American	Asian	Pacific Islander	American Indian or Alaska Native	Other: _____			
Gender:	Male	Female	Primary Language:							
Citizenship:										
Home Church:					Baptized:	Yes	Date:			No

Family Information									
	Father			Mother			Legal Guardian (if applicable)		
Legal Name									
Home Address (if different from above)									
Home Phone Number									
Cell Phone Number									
Email Address									
Preferred Contact	Home	Cell	Email	Home	Cell	Email	Home	Cell	Email
Occupation									
Education									
Birth Date									
Birth Place									
U.S. Citizen	Yes	No		Yes	No		Yes	No	
SDA Member	Yes	No		Yes	No		Yes	No	
Church Membership									
Marital Status									
Primary Language									

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## Family Information Cont.

Has your child been through any traumatic experiences, such as divorce or death, within the last two years?

Yes

No

Explain:

Will you be able to make tuition payments on a timely basis? (Tuition payments are due by the first of each month.)

Yes

No

Are you willing to fully support the school uniform guidelines and regulations which are stated in the school's student handbook?

Yes

No

Has your child ever received or is he/she now receiving and special educational services?

Yes

No

Explain:

How did you hear about Atlanta North School?

Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

### Parent(s) Signatures

I agree to adhere to all of the policies and guidelines of the Atlanta North School Handbook, make school tuition payments on time, and follow financial student and parent responsibilities.

Signature:

Date:

Signature:

Date:

### Student Signature

Signature:

Date:

Please provide copies of the following items to the School Office upon application:

Immunization Record – GA Form 3231

- Pre-K & K: Hepatitis B & Varicella
- 7<sup>th</sup> Grade: MMR-2

Certificate of Ear, Eye, and Dental Examinations – GA Form 3300

Proof of Birth – Birth Certificate, Hospital Record, Passport, Green Card, Pink Card, or Federal I-94 Card