

# Intent to Enroll Form



**This completed document is due March 2, 2017**

Students will lose their placement on the school roster if this form is not received by Thursday, March 2, 2017.

FOR OFFICE USE ONLY

Date form received \_\_\_\_\_

Child's teacher \_\_\_\_\_

- I intend to enroll my child in The Museum School of Avondale Estates for the 2017-2018 school year. I am aware that official enrollment is contingent upon me providing all required documentation to the Registrar when requested (dates TBD).
- I do not intend to enroll my child in The Museum School of Avondale Estates for the 2017-2018 school year. I understand that school staff will remove my child's name from the active class roster immediately and his/her spot will be offered to another student.

## Documents Required for Registration

At a future date, yet TBD, we will announce our registration/re-enrollment event. At that time all registration documents required will be submitted to the school Registrar by delivering them to 923 Forrest Blvd., Decatur, GA 30030 or via scan and email to [beverly.kilpatrick@themuseumschool.org](mailto:beverly.kilpatrick@themuseumschool.org).

A separate sheet is attached for your reference as to which documents will be required at that time. Please do not submit any of these documents with this Intent to Enroll form.

## Registration

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Grade for 2017-2018 school year \_\_\_\_\_

Birth date \_\_\_\_\_ Race/Ethnicity (required) \_\_\_\_\_

## Emergency Information

In case of an emergency, 911 will be called and the student will be taken to the nearest hospital, if deemed necessary. \_\_\_\_\_

Child's known health problems/allergies: \_\_\_\_\_

Medications student is taking: \_\_\_\_\_

\*Parents will be required to complete a form documenting details regarding the administration of the medicine. Parents must complete the Medical Authorization form and/or the FARE (food Allergy & Anaphylaxis Emergency Care Plan) form prior to any medications being administered by a staff member.

## Academic Information

Has your child been evaluated for Special Education Services?  Yes  No

Does your child currently have an Individualized Education Plan (IEP)?  Yes  No  
\* If yes, please attach the IEP and any supporting documents.

Does your child receive Gifted services?  Yes  No  
\* If yes, please attach any supporting documents.

## Home Language Survey

What is the first language the child/student learned to speak? \_\_\_\_\_

What language does the child/student speak most often? \_\_\_\_\_

What language is most often spoken in your home? \_\_\_\_\_

Does the child/student speak any languages other than English? \_\_\_\_\_ What? \_\_\_\_\_

Do the parents read and understand English?  Yes  No

## Media Release

- I give permission for my child to be photographed and/or videotaped and for images of my child to be published or included in school publications, school website, Exhibit Night displays, and promotional pieces such as brochures and news articles promoting the school.
- I DO NOT give my permission for my child to be photographed or videotaped.

## E-Mail Addresses

Please provide legible e-mail addresses for both parents/legal guardians (if applicable). We will send important school information via e-mail throughout the school year.

Parent/LegalGuardian \_\_\_\_\_ Parent/LegalGuardian \_\_\_\_\_

- I do not have internet access and request that hard copies of school information be provided.

The above information is correct and complete to the best of my knowledge. I understand that it is my responsibility to inform the school immediately if there is a change in my contact information.

Parent/GuardianSignature \_\_\_\_\_ Date \_\_\_\_\_

Parent/GuardianSignature \_\_\_\_\_ Date \_\_\_\_\_

IF THERE ARE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT THE SCHOOL REGISTRAR AT  
(404) 289-0320 OR VIA EMAIL AT [beverly.kilpatrick@themuseumschool.org](mailto:beverly.kilpatrick@themuseumschool.org)

