

FOR OFFICE USE ONLY

SCHOOL YEAR: _____

Age _____ Residence _____ Family Contact _____ Reg. Period _____ Reg. Zone _____

LAKE OCONEE ACADEMY REGISTRATION FORM

Name of Child _____
Last Name First Name Middle

Name Used _____

Social Security Number _____

Child's Birth Date Month _____ Day _____ Year _____

Grade Level for 2008-09: _____ Child's sex (circle one) M / F

Child's race/ethnicity (circle one) Asian, Pacific Islander American Indian/Alaskan Native Hispanic
Black, not of Hispanic origin White, not of Hispanic origin Multi-racial

| | Parent/Guardian #1 | Parent/Guardian #2 |
|---------------------------------|--------------------|--------------------|
| Name of parent/guardian | | |
| Actual relationship to enrollee | | |
| Address | | |
| City, State, Zip | | |
| Home Phone | | |
| Employer | | |
| Occupation | | |
| Work Phone | | |
| Cell Phone | | |
| Pager Number | | |
| Email Address | | |

Name of parent/guardian with whom child resides _____

Name of emergency contact other than parent/guardian _____

Actual relationship of emergency contact to enrollee _____

Address, city, state, zip of emergency contact _____

Phone number(s) of emergency contact _____

Name of child's health care provider _____

Phone number of child's health care provider _____

Name of child's dentist _____

Phone number of child's dentist _____

Child's special health issues (allergies, medications, hearing, sight, and other physical challenges, etc.) _____

Child's special learning considerations (academically and/or artistically gifted identification, identified learning style or learning exceptionality, IEP, 504 plan or SST, etc.) _____

Pre-K Program (circle one) Georgia Pre-K; Publicly Sponsored (including Title 1); Head Start, Other Public School;
Private-not-for-profit; Private-for-profit; Did not attend Pre-K Program

Last School Attended _____ Address _____

Is English your child's primary language? ____ Yes ____ No If no, state child's primary language _____

What other languages are spoken in your home? _____

Siblings or other children in household:

| Name | Relationship to Enrollee | Age | Will be attending LOA this year |
|-------|--------------------------|-------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Is there anything you would like to tell us about child? (i.e., your child's likes, dislikes, strengths, challenges, and talents)

Signature of Parent/Guardian _____ Date _____

**** Proof of immunization and birth certificate will be required for admission to Lake Oconee Academy ****

LAKE OCONEE ACADEMY
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Greensboro, GA 30642
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