

LAKE OCONEE ACADEMY REGISTRATION FORM

6350 Lake Oconee Parkway, Suite 102; PMB #150; Greensboro, GA 30642

Phone: 706-454-1562

[www.lakeoconeeacademy.org](http://www.lakeoconeeacademy.org)

Fax: 706.453.1773

**\*\* Proof of immunization and birth certificate are required for admission to Lake Oconee Academy \*\***

Name of Child

Last Name

First Name

Middle

Name Used

Social Security Number

Child's Birth Date: Month

Day

Year

Grade Level for 2009-10:

Child's sex (select one)

Male

Female

Child's race/ethnicity (select one)

Asian, Pacific Islander

American Indian/Alaskan Native

Black, not of Hispanic origin

Hispanic

Multi-racial

White, not of Hispanic origin

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 (Not parent/guardian) Relationship of child to emergency contact

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 exceptionalities, IEP, 504 plan or SST, etc.)

Pre-K Program (select one) Did not attend Pre-K Program  
Georgia Pre-K  
Publicly sponsored (including title 1)  
Head Start  
Other Public School  
Private-not-for-profit  
Private-for-profit

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

In what Greene County voting district do you reside? (1, 2, 3, or 4)

If you are moving into Greene County, what voting district will your new residence be located in? (1, 2, 3, or 4)

Signature of Parent/Guardian

Date