

AUTAUGA ACADEMY
2019-2020 Registration Contract

Student Information

Name _____ Grade for 2019-2020 _____ M _____ F _____

Date of Birth _____ Age _____ SS# _____ Cell # _____

Name _____ Grade for 2019-2020 _____ M _____ F _____

Date of Birth _____ Age _____ SS# _____ Cell # _____

Name _____ Grade for 2019-2020 _____ M _____ F _____

Date of Birth _____ Age _____ SS# _____ Cell # _____

Family Information

Father's Name _____ Email _____

Address (If different) _____

Home # _____ Cell Phone # _____ Work # _____

Employer _____ Marital Status: Married Single Divorced Separated Widowed

Mother's Name _____ Email _____

Address (If different) _____

Home # _____ Cell Phone # _____ Work # _____

Employer _____ Marital Status: Married Single Divorced Separated Widowed

If there is a separation or divorce, which is their primary address? _____

Does a custody order exist? _____ If YES, a copy must be attached.

The following people have permission to check out/pick up student(s) from school:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has student ever been retained in a grade? _____ Please explain _____

Does student have any learning disabilities? _____ Been tested for learning disabilities? _____

Has student ever been in any special education classes? _____

Is there any pending disciplinary action against student from any previous school system? _____

Explain: _____

Has student ever been detained, arrested, expelled or suspended from school or attended alternative school? _____

Explain: _____

Has the student (s) ever been treated for alcohol or substance abuse? _____

Explain: _____

Emergency Authorization

Does student have any medical condition the school needs to be aware of? _____

I give permission for Autauga Academy to obtain emergency medication treatment, including emergency transportation for my child(ren) if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature: _____

Date: _____

Corporal Punishment

I do _____ I do not _____ allow corporal punishment to be administered if the offense so merits.

Consent for Obtaining Records

I hereby give my consent to the administration of Autauga Academy to notify my child's former school in order to receive records and transcripts.

Previous School Attended: _____

Each School Family is responsible for completing 20 hours of community service for Autauga Academy's 2019-2020 school year. If you do not complete and report your service hours by the end of April 2020, you will be charged \$20 for each uncompleted hour.

I agree to abide by the Autauga Academy Handbook and Board Policies and accept full responsibility for the conduct of my child(ren) while attending the Academy. I will familiarize myself with the Parent/Student Handbook on the school's website and will comply with the policies and procedures. I grant permission for my child(ren) to participate in the official on and off campus educational and athletic programs. I completely absolve Autauga Academy from any liability resulting from injury while my child(ren) participates in the school approved activities.

Signature: _____

Date: _____