



Dear New BIA Family,

We are excited to welcome you to BIA! In order to secure your child’s enrollment, all items listed below must be turned in to our main office within 10 business days of notification of acceptance to our school. The completed registration packet can be delivered in one of the following ways:

Hand delivery or mail:

Brookhaven Innovation Academy
Attn: Student Information Specialist
3159 Campus Drive
Norcross, GA 30071

Scan and email:

PDF FORMAT ONLY
ajacome@biaschool.org

Fax:

Brookhaven Innovation Academy
Attn: Student Information Specialist
678-691-6207

Student’s Last Name, First Name, Middle Initial

Grade Entering Into

____ Completed Enrollment Form

____ Copy of Birth Certificate (MUST be submitted with registration packet)

____ Transcript Release Form

____ Copy of Parent Driver’s License (MUST be submitted with registration packet)

____ Copy of Social Security (MUST be submitted with registration packet)

____ Copy of Immunization Form 3231 (MUST be submitted with registration packet)

____ Copy of Health Screen Form 3300 (MUST be submitted with registration packet)

____ Lease, Mortgage or Deed (MUST be submitted with registration packet)

____ Current Utility Statement (MUST be submitted with registration packet)

*Students enrolling in Georgia public schools for the first time will be asked by the school or school system to furnish a Social Security number. However, the Social Security Number is not required for enrollment in public schools. If they prefer, parents or guardians may sign a statement declining to provide the number without giving a reason. Students for whom Social Security numbers are not available will be assigned other student identification numbers.

<http://www.gadoe.org/External-Affairs-and-Policy/AskDOE/Pages/New-Student-Requirements.aspx>

*The Official Code of Georgia provides for only two types of exemptions from immunization requirements:

1. **Medical:** Medical exemption for a vaccine should be filled in only when there is a physical disability or condition that contraindicates immunization for that particular vaccine. There must be an annual review of medical exemptions, and certificates must be reissued with or without indication of exemption. O.C.G.A. §20-2-771(d)
2. **Religious:** For a child to be exempt from immunizations on religious grounds, the parent or guardian must furnish the school/facility with a notarized Affidavit of Religious Objection to Immunization (DPH Form 2208) Chapter 511-2-2-.07 of the Rules of the Department of Public Health. The school/facility must keep the affidavit on file and available for inspection by health officials in lieu of the Georgia Immunization Certificate (Form 3231). The affidavit does not expire. O.C.G.A. §20-2-771(e)

<http://www.gadoe.org/External-Affairs-and-Policy/AskDOE/Pages/New-Student-Requirements.aspx>

Enrollment Form

1. Student Information

Students' Name: _____ Preferred Name: _____ (Last, First and Middle)	
Date of Birth: _____ <i>*A child must be 5 years old on or before September 1st to enter a public Kindergarten. The child must be 6 years old on or before September 1st to enter First Grade.</i>	Social Security #: _____ <small>*Students enrolling in Georgia public schools for the first time will be asked by the school or school system to furnish a Social Security number. If preferred, parents or guardians may sign a statement declining to provide the number without giving a reason. Students for whom Social Security numbers are not available will be assigned other student identification numbers. http://www.gadoe.org/External-Affairs-and-Policy/AskDOE/Pages/New-Student-Requirements.aspx</small>
Gender: _____ Country of Birth: _____ If born outside the U.S. please provide enrollment date the child started in a U.S. School: _____	Siblings already enrolled at BIA: Name _____ Grade _____ Name _____ Grade _____
Is the student Hispanic/Latino? _____	
Is the student from one or more of these races? (Check ALL that apply)	
____ American Indian or Alaska Native ____ Black or African American ____ White	
____ Asian ____ Native Hawaiian	

2. Parent/Guardian Information

Name: _____ (Last, First)	Name: _____ (Last, First)
Relationship to Child: _____	Relationship to Child: _____
Email Address: _____	Email Address: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Child Resides with this parent/Guardian: _____	Child Resides with this parent/Guardian: _____
Approved to pick-up child: _____	Approved to pick-up child: _____
Parent/ Guardian Active Military? _____	Parent/ Guardian Active Military? _____

Enrollment Form

3. Household Information

Primary Address:

_____ (Street Address)
_____ (City) _____ (State) _____ (Zip Code) _____ (County)

4. Additional Emergency Contacts Authorized to Pick Up My Child:

Contact #1 Name: _____ Relationship to Child: _____

Contact #1 Cellphone: _____

Contact #2 Name: _____ Relationship to Child: _____

Contact #2 Cellphone: _____

Contact #3 Name: _____ Relationship to Child: _____

Contact #3 Cellphone: _____

5. Transportation Information:

Which method of transportation will your child use: *(Please circle one)*

Car Rider

Bus Rider

Afterschool Program

If your child will be a bus rider, please provide the following information:

Bus Company Name: _____ Bus Number: _____

Days Student will Ride the Bus: *(Please circle all that apply)*

Monday

Tuesday

Wednesday

Thursday

Friday

Enrollment Form

6. Medical History

Student's Physician: _____ Phone Number: _____

Please completely describe any known medical conditions:

- | | |
|--|---|
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Previous Hospitalization |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Previous Surgeries | <input type="checkbox"/> Allergy/ Insect Bite Reactions |
| <input type="checkbox"/> Disease/ Illness not listed | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Medicine Reactions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart or Lung Problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Notable Habits/Fears | |

If any medical conditions have been marked, please describe below:

List any medication currently taken by the student (Please note: the parent/guardian must bring in any medication that needs to be given during the school day along with the Medication Permission Form):

Enrollment Form

7. Previous School Enrollment

School Last Attended _____	County: _____	Grade: _____
City/State: _____	Withdrawal Date: _____	
Withdrawal Reason: _____		
Please check <u>all</u> that apply and please provide documents:		
<input type="checkbox"/> Served with 504	<input type="checkbox"/> Served with IEP	
<input type="checkbox"/> Remedial Math Class	<input type="checkbox"/> Diagnosed with Disability according to the	
<input type="checkbox"/> Remedial Reading Class	Americans with Disabilities Act	
<input type="checkbox"/> Served by ESL	<input type="checkbox"/> Missed more than 10 days of school last year	
<input type="checkbox"/> Under Suspension or Expulsion		

8. Photo/Publicity Release Waiver (sign only if you do NOT give consent)

As the parent/guardian to the student included on this enrollment form, I give my consent for the school where he/she is enrolled or where he/she attends for academic or extracurricular activities and events to publish and distribute his/her photograph, image or voice in any public or private Publication, including (but not limited to) photographs, video recordings, or electronic transmissions as they may be distributed to media including (but not limited to) print, video or electronic media as well as on the school's website.

Yes, I give consent for my child's photo/image/voice to be used as described above.

No, I do not give consent for my child's photo/image/voice to be used as described above.

Parent/Guardian Signature: _____ Date: _____

9. Parent & Student Handbook Understanding:

The Parent and Student Handbook can be found online at the school's website. I as the Parent/Guardian and our child agree to abide by the rules and expectations outlined in the Student and Parent Handbook including Technology Acceptable Use.

Parent /Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Enrollment Form

10. Parent/Guardian Acknowledgement:

I certify that all the information provided above is accurate and complete to the best of my knowledge.

Parent /Guardian Signature: _____ Date: _____

Safe Schools Enrollment Declaration

Brookhaven Innovation Academy requires that parents, guardians, or legal custodians of all students who transfer into the school provide a statement as to whether the student is under suspension or expulsion from attendance of a public or private school in this or any other state or has been convicted of a felony in this or another state. This does not apply to a student who has never been enrolled in or attended a public or private school in this or any other state.

Student Name: _____

(Last)

(First)

(Middle)

Suspension and Expulsions

Please check the appropriate box as it relates to the student named above:

is NOT currently suspended or expelled from any school and does not have pending suspension or expulsion

has been recommended for long term (more than 10 days) suspension or expulsion from:
If so, explain offense and pending discipline: _____

has been long-term suspended or expelled from: _____
If so, explain offense and pending discipline: _____

Address of Previous School: _____

Previous School Phone Number: _____

Enrollment Form

Felony Convictions

Please check the appropriate box as it relates to the student name above

has NOT been convicted of a felony in this or any other state

has been convicted of a felony

Convicted of: _____

In (City, State): _____

Date of Conviction: _____

Description of Offense: _____

I, _____ (Parent/Guardian/Legal Custodian) hereby swear or affirm
that the above information is true and accurate.

Parent/Legal Guardian/Legal Custodian Name: _____

Contact Telephone/Cellphone Number: _____

Enrollment Form



Release of Student Information

The below referenced student is enrolling in Brookhaven Innovation Academy. Please provide the requested information as indicated to expedite this student's enrollment.

Student Name: _____ **Grade Level:** _____
Last, First and Middle

Parent/ Legal Guardian (1): _____ **Relationship:** _____

Parent/ Legal Guardian (2): _____ **Relationship:** _____

School Requesting:

Brookhaven Innovation Academy
3159 Campus Drive
Norcross, GA 30071
Telephone: 770-538-1550
Fax #: 678-691-6207

School Releasing: (Provided by Parent)

Name: _____
Address: _____

Phone: _____
Fax #: _____

Please forward the following:

- | | |
|---|----------------------------------|
| _____ Transcript (with grades/earned credits) | _____ IEP or 504 Plan Records |
| _____ Standard Test Scores | _____ Gifted Program Eligibility |
| _____ Immunization Records | _____ Disciplinary Records |
| _____ Attendance Records | _____ ESOL Records |

I certify that my child listed above is enrolling at Brookhaven Innovation Academy and authorize records to be released to the school with no hesitation.

Parent/Guardian Signature: _____ **Date:** _____