



1453 East Cleveland Avenue
East Point, Georgia 30344
404-767-5005

Student Enrollment Form:

Child's Name: Last First Middle

Home Address: Number and Street City Zip Code

Date of Birth: _____ Age: _____ Gender: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Birthmarks: _____

Allergies: _____

Does your child use an Epi Pin? Yes () No ()

Describe any physical conditions or illnesses that could affect the child's participation in school:

Is he/she on any medication? Yes () No ()

If yes, what is the name of the medication, and for what illness:

List any serious illnesses or hospitalizations with dates:

Other pertinent information (such as dietary restrictions) that the school should know:

I give ___ or do not give ___ Discovery Montessori Academy permission to use pictures of my child in school publications and advertisements.

I give ___ or do not give ___ Discovery Montessori Academy permission to publish my child's address and phone number in the school directory.

Parent/Guardian Information:

Father's Name: Last First Middle

Home Address: Number and Street City Zip Code

Phone Numbers: Home Work Mobile

Email address:

Name of Employer Profession

Address of Employer

Marital Status: () Married () Divorced () Single () Separated

Do you live with child: () Yes () No Permission to Pickup Child: () Yes () No

Mother's Name: Last First Middle/Maiden

Home Address: Number and Street City Zip Code

Phone Numbers: Home Work Mobile

Email Address:

Name of Employer Profession

Address of Employer

Marital Status: () Married () Divorced () Single () Separated

Do you live with child: () Yes () No Permission to pickup child: () Yes () No

Medical Information: Applicant

Physician's Name

Address: Number and Street City Zip Code

Phone Number(s)

Hospital Preference

Is your child up to date with his/her immunization shots (Form 3231 is to accompany this application)?

() Yes () No

If for any reason your child is not up to date with his/her immunizations, a signed and notarized waiver must accompany this application. We will provide the appropriate form upon request.

Referred by: _____

Signature(s) Parent/Guardian: _____ Date: _____

_____ Date: _____