



Edmund Burke Academy

Application for Admission

Post Office Box 787, Waynesboro, Georgia 30830
(706) 554-4479 • FAX (706) 554-7582

Date _____

Entering Grade: K4 - K5 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12 (circle one)

Full Name of Student: _____

Age _____ Date of Birth _____ SS # _____

Name used addressing your child _____ Birthplace _____

Father's Name _____
First Middle Last

Mother's Name _____
First Maiden Last

Student resides with: Both Parents - Father - Mother - Other _____ (circle one)

Home Phone _____ County of Residence _____

Address _____ City _____ ZIP _____

Father's Business Phone _____ Employment _____

Mother's Business Phone _____ Employment _____

Transportation _____ If bus, which bus? _____
(Millen, Midville, Sardis)

If entering 1st grade, did your child attend kindergarten? _____

Name of kindergarten _____

NEW STUDENTS: Name and address of school last attended: _____

Dates attended _____

Applicant must complete Request for Transcript of Credits

Has the applicant ever been suspended? _____ expelled? _____ or asked to withdraw? _____
Is so, please give full particulars on a separate sheet of paper, including the principal's name and the name and address of the school.

Has the applicant been tutored outside the regular classroom setting during the current or previous year?
Yes ___ No ___ (If yes, please explain) _____

Does the applicant have any medical disabilities (such as diabetes, epilepsy, etc.)? _____

Is the applicant on regular medication of any kind? Yes _____ No _____ (If yes, please explain.) _____

Any allergies? _____ If yes, what is your child allergic to? _____

Local physician _____ (in case of emergency)

*We need the following documents on file for your child if entering K-4 or K-5.
These can be obtained from the Health Department.*

K-4 needs:

Birth Certificate & White Immunization Form #3231

K-5 needs:

Birth Certificate, White Immunization Form #3231 and
Georgia Certificate of Hearing, Vision and Dental Screening #3300

Does the applicant have any emotional or behavioral disabilities? Yes _____ No _____ (If yes, please explain). _____

Has the applicant ever been tested or evaluated for learning disabilities? Yes _____ No _____ (If yes, please explain and indicate if student has an IEP.) _____

If you have further information which may assist in the guidance of your child at Edmund Burke Academy, please use the space below. Include any relevant medical information not stated elsewhere.

Are there any characteristics or habits with which you would like to have the school's help to strengthen or change? _____

Give name of friend or relative we could contact in an emergency, other than mother and father:

_____ Phone _____

PERSONAL INJURY/PROPERTY DAMAGE LIABILITY WAIVER

I, _____, individually and as father/mother and natural guardian of _____, State of Georgia, for myself, my heirs, executors and administrators, in consideration of the sum of one dollar (\$1), the educational opportunities afforded by Burke Academy, Inc., the receipt of which is hereby acknowledged, do by this instrument agree to hold said Burke Academy, Inc. free from any claims, and/or liability of any kind or character by reason of any personal injury or property damage which may be hereafter sustained by the above-stated child(ren) on the premises owned by said Academy, viz: the Burke Academy, Inc. school building and premises located on the Midville Highway approximately one mile west of the City of Waynesboro, or any other premises used by the said Burke Academy, Inc. as school facilities; the undersigned specially assuming all risks involved by said child using said school facilities.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, this _____ day of _____, 20____.

Signature

Executed in the presence of:

Notary
State of Georgia, County of Burke