



Special Needs Schools of Gwinnett New Enrollment Packet Student Information

Today's Date _____

Enrollee Information

Student's Legal Name _____ Sex _____

Last First Middle

Birthdate _____ Current Age _____ Grade entering _____

Address _____

Street City State Zip County

Home Phone Number _____ Last School Attended: _____

School City State

Family Information (Please Circle)

Father/Step Father _____

Name Employer Occupation

Employer Address/Phone number Cell Phone Number email address (please print)

Home Address (if different than student) Home Phone Number

Mother/Step Mother _____

Name Employer Occupation

Employer Address/phone number Cell Phone Number email address (please print)

Marital Status: ___ Married ___ Divorced ___ Separated ___ Remarried ___ Spouse Deceased ___ Single

Student resides with: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Other (Specify) _____

In case of divorce or separation, please complete the following questions:

Legal Custody: ___ Joint ___ Mother ___ Father ___ Guardian ___ Other (Specify) _____

Correspondence should be sent to: ___ Mother ___ Father ___ Guardian ___ Other (Specify) _____

Financial Responsibility will be assumed by: _____ Social Security # _____

Other children in the family currently enrolled or apply to SNS:

Name Grade Applying for/Attending

1. _____
2. _____
3. _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

People Authorized to pick up my child

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Are there any custody situations that we should be made aware of? Yes _____ No _____

If yes, explain below and provide documentation:

Parent Signature: _____ Date: _____

Medical Information

Doctor Name _____ Doctor Phone _____

Insurance Company _____

Policy _____ Group _____

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Yes No Signature _____

Over the Counter Medications

Diagnosis

Allergies

My Child has the following ALLERGIES



Are there any MEDICAL situations that we should be made aware of? Yes No

If Yes, explain below:

Accident Policy

_____ Although I understand that Special Needs Schools of Gwinnett, Inc. is fully insured and that the staff will do everything in their power to ensure that my child is taken care of; I also realize that accidents may happen. I hereby release SNS from responsibility for accidents or injuries to my child. If an emergency or accident occurs, I hereby grant permission for the SNS staff to take whatever steps may be reasonably necessary to obtain emergency medical care for my child. As all SNS staff members are 1st Aid and CPR Certified, minor injuries will be treated at school. An incident report will be filled out and the parent or guardian will be notified by phone, by writing and/or in person. If the injury is of a more serious nature, the following steps may be taken (but are not limited to):

1. Attempt to contact a parent or guardian with information provided on the child’s emergency on file (This includes all emergency contact numbers and people listed).
2. Attempt to contact the child’s physician.
3. And in the event that the above attempts are unsuccessful, we will in a speedy and timely manner;
 - a. consult another physician
 - b. call the paramedics
 - c. and/or have the child taken to the nearest emergency room or hospital.

I understand that any expenses incurred under #3 are my sole responsibility.

Records Release

_____ Special Needs Schools of Gwinnett, Inc. has my permission to obtain and release records or verbal information concerning my child for the purpose of meeting his/her educational and/or therapeutic needs.

Student Photo Release for School Promotions: I DO I DO NOT give permission for my child’s name and/or photo to appear in school publications. Occasionally students are filmed and/or photographed to document school activities. These photos may be used for school promotions and publications. **Initial** _____

Field Trips

_____ I understand that students at SNS have the opportunity to go on field trips for educational and/or therapeutic purposes. When on a field trip. I understand that my child will be under the supervision of SNS staff and will be traveling in fully insured vehicles (either our school van, staff vehicles or other private vehicles). I hereby release the SNS staff and SNS chaperones of any responsibility for accidents that might occur. I understand that I will receive written information concerning each field trip and

Medical Release:

_____ I hereby give permission for the SNS staff to administer to my child (after contacting me), should it become necessary Children’s Tylenol or Motrin (or generic equivalent) to reduce fever or pain as well as Benadryl (or generic) to relieve allergic reactions my child may experience while at school and under the care of SNS staff members. If my child is allergic to any of the above, then the medications will be provided by me and kept at the school with my child’s name clearly marked on the original bottle/package. I completed “medication form” filled out in advance and accompanied by the original prescription bottle/container from the doctor/pharmacy indicating the proper dosage and time.

Child’s name: _____ Age _____ Weight _____

Parent or Guardian Signature _____ Date _____

SNS POLICY AND ADMISSION AGREEMENTS:

By signing below, I state that I have read and understand the following documents and agree to adhere to and abide by the policies, procedures and expectations listed herein. Further, I understand that all SNS policies and activities are governed by SNS and that my student is accountable to the policies in the Parent Handbook.

Parent/Legal Guardian Signature: _____ Date _____

Special Needs Schools of Gwinnett

660 Davis Road

Lawrenceville, Ga 30052

Phone: 678-442-6262

Visit Us at www.specialneedsschools.org

AUTHORIZATION TO RELEASE SCHOOL RECORDS FOR ADMISSIONS

_____, has applied for admission to Special Needs Schools of Gwinnett. Please send the following information to the Front Office.

I hereby authorize _____ to release records to Special Needs Schools of Gwinnett. To mail above or shannonmyers@att.net

Please send transcript of the student's full school record including the following:

- Complete transcript, latest report card
- Standardized test results
- Educational Evaluation
- I.E.P Documents
- Health records and Georgia Certificate of Immunization
- Disciplinary records
- Authority for enrollment (copy of Birth Certificate/Custody Papers, etc)

In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Special Needs Schools of Gwinnett. I further agree for any other information requested to be released to Special Needs Schools of Gwinnett concerning the named student.

Parent/Guardian's Signature

Date