

Enrollment Information

2009-2010 Academic Year
www.Odysseycharterschool.net

Odyssey School

14 St. John Circle
Newnan, Georgia 30265

Student Enrollment Information

Grade Enrolling for 2009-2010: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th

Previous Grade (2008-2009): Pre-K K 1st 2nd 3rd 4th 5th 6th

Student Information

Student's Name _____
first middle last

Preferred Name _____

Ethnicity (check one): African American Asian or Pacific Islander Caucasian Hispanic
 Multiracial Native American Non-resident Alien

Previous School Information

Previous Schools	Years
_____	_____
_____	_____
_____	_____

Type of School: Public School Private School Home School Charter School Preschool
 Not in School Other _____

Name of Preschool _____ Public Private None

Address of Last School Attended:

Street: _____

City: _____ State: _____ Zip: _____

School Phone Number: (_____) _____

Special Programs

Has your child been evaluated for and/or participated in any of the following special services?

Gifted & Talented Title 1/Chapter 1 Program Literacy Program (ILP) Speech Services

Babies Can't Wait OT Services Early Intervention Program (EIP)

Response to Intervention (RTI) Special Education (IEP) English as a Second Language (ESL)
 504 Plan Other: _____

If you checked Special Education (IEP), do you have the student's special education records? Yes No

Health Insurance and Health Information

Primary Physician Information:

Doctor Name: _____ Doctor Phone: (____) _____
(First) (Last)

Dentist Name: _____ Doctor Phone: (____) _____
(First) (Last)

Other Doctors Providing Care for Student:

Type of Doctor/Specialist	Doctor Name	Doctor Phone	Reason
		()	
		()	
		()	

Insurance Provider: _____

- Medicaid PeachCare No Health Insurance

Please list any serious allergies or conditions:

Please list any physical or emotional disabilities:

Emergency Release

Odyssey School will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, Odyssey School personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER ODYSSEY SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

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

Hospital Preference: 1st choice _____ 2nd choice _____

Registration and Immunization

The following items have been received for enrollment.

- ثا Release of Student Records (page 7 of this packet)
- ثا Immunization Certificate
- ثا Hearing, Vision, and Dental Certificate
- ثا Birth Certificate
- ثا Social Security Card
- ثا Two Proofs of Residency (Driver's License, Mortgage, Utility Bill)