



146 New Street, Decatur GA 30030. 404 405 2173. info@academeatlanta.org

FOREIGN EXCHANGE STUDENT REGISTRATION FORM

Student:

First Name:

Last Name:

Date of Birth:

Male/Female:

Home Address:

.....

Phone Number: Cell Phone:

Email:

PARENTS:

Father's Name:

Address (if different from above):

.....

Home Phone: Cell Phone:

Work Phone: FAX:

Email:

Mother's Name:

Address (if different from above):

.....

Home Phone: Cell Phone:

Work Phone: FAX:

Email:

Siblings:

Name and Age:

School Attended:

.....

.....

.....

Student's Current School:

Name of School:

Address of school:

.....

Phone:

FAX:

.....

Email:

Grade:

How long have you attended this school?

.....

Host Family in the USA (if known):

Name:

Address:

.....

Phone:

Work Phone:

.....

Date of Arrival in the USA:

How long will you stay?

Date of departure from the USA (if known)

.....

AUTHORIZATION TO LEAVE SCHOOL PREMISES

As a parent or guardian of the student, I givepermission to participate in organized school activities which take place outside Academe of the Oaks main campus.

Name of Parent/Guardian

Signature:

Date:

Do you have any concerns you would like Academe of the Oaks to know about?

PERSONAL INFORMATION IN CASE OF EMERGENCY:

Name of Student:

Date of Birth:

Name of Parents:

Home Address:

.....

Home Phone:

Father Cell Phone: Father Work Phone:

Mother Cell Phone: Mother Work Phone:

Email:

In case of emergency, who should we contact?

Name: Phone Number:

Name: Phone Number:

MEDICAL INFORMATION:

Name of Primary Physician:

Address:

.....

Phone Number: FAX:

Blood Type: Last Tetanus injection:

Any serious illnesses Academe of the Oaks should be aware of? (Please be specific)

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.....

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Are you taking any medication?

Do you have a specific diet/ Food allergies?

(Please provide a copy of your current vaccination records).

Name of Insurance Company:

Primary Insurance Provider:

Policy Number:

Phone Number:

(Please include a copy of the insurance card and insurance policy for the present school year)

AUTHORIZATION IN CASE OF EMERGENCY:

I, as a parent or guardian of.....give permission for him/her to be treated by a doctor/hospital in case of illness or injury.

I, as a parent or guardian ofalso authorize Academe of the Oaks, or the host family, to agree and proceed with any operation or treatment stated as necessary by a doctor or hospital.

Name: Date:

Signature: