



## Steps for Admission

### 1. Tour of School

### 2. Classroom Visit (Grades Pre-K - 4th = Half Day & Grades 5th - 12th = Full Day)

#### REQUIRED at time of Classroom Visit

- Application
- Photo of Child
- \$75 Fee

Entrance Test and Essay completed during Classroom Visit (for 5th-12th Grade Only)

### 3. Meet With Head of School

### 4. Enrollment

#### MUST be Turned in Before Your Child Can Attend Class

- Enrollment Information & Authorization Form
- Previous School Records
- Medical Evaluation Form
- Birth Certificate
- Immunization Record
- Medical Insurance Card
- Copy of Mother's Driver's License
- Copy of Father's Driver's License
- Signed Handbook Signature Page

### 5. Sign Enrollment Contract



The Fulton School

FOUNDED 1987

## 2010-2011 Enrollment Information and Authorizations

### Student Information

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Student Name: \_\_\_\_\_ Grade Entering (Pre-K 5 - 12): \_\_\_\_\_

Pre-K 3:  M-F  M/W/F

Pre-K 4:  M-F  M/W/F

### Grandparent Information (for special days)

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**Grandparents Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Grandparents Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Permission

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Please initial beside each item if permission is granted.

\_\_\_\_\_ **Permission for Use of Photograph:** I give permission for The Fulton School to use pictures of my child for promotional purposes. I understand that The Fulton School will not use the photograph(s) in any way that will harm my child.

Paper and Web-site publishing

Paper publishing only

Web-site publishing only

\_\_\_\_\_ **Field Trip Authorization:** Field trips are considered part of the classroom instruction. My child has my permission to take school sponsored field trips for the current school year. Notification of dates and locations will be sent home prior to any off-campus activity. A student is assumed to have parental/guardian permission to ride in any vehicle driven by a school faculty member or administrator at any time unless the parent/guardian gives written notice to the office.

\_\_\_\_\_ **School Directory Permission:** I give permission for the school to publish my child's name, address, phone number, parents' names, work number, cell number, and email address.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Local Emergency Contacts and Authorized to Pickup

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Authorized to pickup: \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Authorized to pickup: \_\_\_ Yes \_\_\_ No

## **Medicine/Allergy Information**

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Please refer to the Fulton's Parent and Student Handbook for details on Health Care and Medication.

1. Is your child on any medication/s? If Yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Is this medication/s taken on a regular basis? Please list days, times and dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Please list any allergies or medical conditions your child has: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Authorization for Emergency Medical Attention**

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In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to a hospital.

Yes  No

### **My preference for emergency treatment is:**

Hospital or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital or clinic.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned agrees to release and hold harmless the school, its agents and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence by the school, its agents, or employees. The undersigned also agrees to indemnify the school for damages by my child. To protect the health and safety of each student, I have completed the medical information on the Enrollment Authorization Form and have had the physician complete the Medical Evaluation Form, which are included in this packet, and have indicated any restrictions which should be placed on my child's participation in activities. I agree that all pages of this packet are made a part of this Enrollment Packet.