

INSTRUCTIONS:

1. Application is to be completed by Parent or Guardian. (All information is confidential)
2. Send the applicant's current educational records to Chrysalis Experiential Academy, Inc. prior to the interview.
3. Both Parents/Guardians must sign the application.
4. Include a copy of the child's birth certificate.
5. Include a copy of your child's insurance card.
6. A non-refundable \$100 Application Fee must accompany this application.

APPLICATION CHECKLIST:

Application
Parent Questionnaire
Emergency Medical Treatment
Emergency Dismissal/Release
Student Health Record
Medical Examination
School Certificate of Immunization
Birth Certificate
School Certificate of Eye, Ear & Dental
Athletic Participation & Daily Activity Trip
Request for Release of School Information
Teacher Recommendation(s)
Technology Code of Ethics Agreement
Copy of Medical Insurance Card

Application



Date of Application: _____

Full Legal Name of Applicant:

Preferred Name: _____ Gender: M / F Social Security Number:

Street Address:

City: _____ State: _____ County: _____ Zip:

Date of Birth: _____ Age: _____ Citizenship: _____ Place of Birth:

Father's Name: _____	Age: _____	Check if Deceased <input type="checkbox"/>
Level of Education: _____	Degree: _____	Institution Name: _____
Business: _____	Position: _____	
Address: _____	Phone H. _____	W. _____
E-Mail: _____	Cell: _____	

Mother's Name: _____	Age: _____	Check if Deceased <input type="checkbox"/>
Level of Education: _____	Degree: _____	Institution Name: _____
Business: _____	Position: _____	

Address: _____ Phone H. _____ W.

 E-Mail: _____ Cell: _____

Marital Status: Married ____ Single ____ Separated ____ Divorced ____

Applicant's Legal Guardians: _____
 Name of Stepparent (if any) _____ Age: _____ Check if Deceased
 Level of Education: _____ Degree: _____ Institution Name:

 Business: _____ Position:

 Address: _____ Phone H. _____ W.

Please send financial correspondence to

Please send school correspondence to

School student now attending: _____ Grade: _____ Grade (s) repeated:

 List all schools previously attended (attach extra sheet if necessary):

NAME	ADDRESS	GRADES	DATES ATTENDED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application
Chrysalis
experiential academy **Parent Questionnaire**

1. How did you learn of Chrysalis Experiential Academy, Inc?

2. Write a description of your child. (Use additional sheet if needed.)

3. What are your child's chief strengths?

4. What are your child's areas of greatest need?

5. What are your child's hobbies or interests? In what sports has your child participated?

6. Has your child been diagnosed as having any special needs?

7. Is your child currently receiving any medication? Yes _____ No _____

If YES, name of medication

If YES, describe the condition for and dosage under which it is being given:

8. List any medical conditions significant to your child's well-being:

9. Is there a history of emotional or behavioral difficulty in relationship to family, peers, or academic setting? __

Has any evaluation or treatment been conducted in relationship to these problems? Yes ___ No ___

If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or

treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will

not be complete until all of this information is provided.

Psychologist and/or Psychiatrist

Address _____ Telephone _____

10. Has the applicant ever been subject to disciplinary action (suspension or dismissal) in any school? Yes

_ No _

If YES, please give dates and details. (Use additional sheet if needed.)

11. Has the applicant ever been involved with law enforcement authorities? Yes ___ No ___ If YES, please give dates and details. (Use additional sheet if needed.)



Emergency Medical Treatment

Carefully read and complete this page before signing this application

Name: _____ Date of Birth: _____ Age: _____

Student's Full Legal Name

Student's Physician: _____ Phone(s): _____

As attested by our signature on this document, we agree that in the event of any situation (emergency, sickness, or accident) involving the student at a time and/or place that it is impractical to contact the parent, or for the parent to be present, the parent authorizes Chrysalis Experiential Academy, Inc. to act *in loco parentis* (in place of parent) to provide whatever care, assistance, management, or services the student may require. The parent agrees to pay for any and all expenses incurred in providing such needs of the student.

Additionally, I hereby give permission for the above named student to receive routine or emergency medical treatment or care by Chrysalis Experiential Academy, Inc. staff. In the event of a serious emergency, the student will be transported by medical professionals to a hospital emergency room. Routine medical treatment or care includes administering non-aspirin pain relievers and use of hydrogen peroxide/anti-bacterial agents on minor cuts and/or abrasions. *If you do not give permission, see below.*

Insurance Policy Number

Name of Insurance Company

IMPORTANT: If you do not give us permission for your child to receive routine or emergency medical treatment, please sign below and give us your reason.

Signature of Parent or Guardian

Date

Reason:

Zero Tolerance Policy

By signing this application, we are, again stating that we understand and agree that smoking is not permitted at Chrysalis Experiential Academy, Inc.; that Chrysalis Experiential Academy, Inc. maintains a zero tolerance policy with regard to alcohol, illegal drugs (use of, positive talk regarding, and paraphernalia associated with), weapons and violence (verbal and physical), and the inappropriate use of technology; and that we have discussed these policies with our child. Violation of Chrysalis policies will lead to disciplinary action including In-School Suspension, Out-of-School Suspension, and/or Expulsion.

Signature of Student

Date

Signature of Parent or Guardian

Date

Application
Chrysalis
experiential academy

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Emergency Dismissal/Release

In anticipation of the possibility of transportation changes, emergencies, or dismissal due to snow or other causes, we need your cooperation in completing and returning this form. This is particularly important information in the event of a change in your transportation arrangements, serious illness, or accident, and it is also necessary should school need to be dismissed early.

Please be sure that the information you provide is current and correct, and do notify the person you list as an emergency contact. In case of emergency, please contact:

Name:

Home Telephone: _____ Work Telephone: _____

Address:

Relationship of party to student:

If the above named individual is unavailable and/or, if at the discretion of Chrysalis Experiential Academy, Inc., it is more advantageous, I also authorize Chrysalis Experiential Academy Inc., to release my child to the following Chrysalis Experiential Academy, Inc. family(ies):

After completing this entire application, please attach a copy of the teenager's birth certificate and the completed Student Health Record, transcripts, and disciplinary documentation, and mail to Chrysalis Experiential Academy, Inc. In addition, please arrange to have copies of recent educational, psychological, and medical reports mailed to Chrysalis Experiential Academy, Inc. as quickly as possible.

I certify that I have read, that I agree with, and that I understand this application. Further, I certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate in writing any changes in any matters contained herein even if such changes occur after the student has been enrolled. I understand that upon discovery of any inaccuracy of information contained herein or omission of information requested herein, Chrysalis Experiential Academy, Inc. reserves the right to revoke any admission to Chrysalis Experiential Academy, Inc. I also agree that Chrysalis Experiential Academy, Inc. may publish my address and telephone number in a private student directory.

Chrysalis Experiential Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

I understand that placement at Chrysalis Experiential Academy, Inc. is on a year-to-year basis only and that there is no specific or implied guarantee that this applicant can be retained by or in Chrysalis Experiential Academy, Inc. beyond the one-year period to be specified.

Parent or Guardian: _____
Please Print

Signature: _____ Date: _____

Parent or Guardian: _____
Please Print

Signature: _____ Date: _____

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Student Health Record
Chrysalis
experiential academy

Student Health History (To Be Completed by Parent or Guardian)

Instructions: Parents/Guardian, please complete this form and submit it with the application prior to or at the interview. The applicant's physician should complete the Medical Examination, which must be on file prior to the student's admission.

Student's Full Legal Name: _____ Birth Date: _____

Illnesses: Please check those illnesses the student has had or to which he/she may be subject to having:

- | | | |
|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Backache | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Colds <input type="checkbox"/> Frequent <input type="checkbox"/> Severe | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Earache |
| <input type="checkbox"/> Epilepsy (grand mal) | <input type="checkbox"/> Epilepsy (petit mal) | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Measles | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Whooping Cough |

Has the student experienced or is the student subject to having any type of emotional problems? Yes ___
No ___
If YES, please explain:

Has the student ever been hospitalized? Yes ___ No ___ If YES, please explain any hospitalizations: _____

Has the student experienced or is the student subject to any type of alcohol or drug use or abuse? Yes ___
No ___
If so, Please explain.

Does the student smoke? Yes ___ No ___ If yes, please relate to the applicant that Chrysalis Experiential Academy, Inc. has a no smoking/ no tobacco products policy.

Other than any of the typical childhood communicable diseases listed above, has the student ever been diagnosed with any type of communicable disease? Yes ___ No ___ If yes, please explain.

Is the student capable of participating in physical education classes and intramural/interscholastic sports?
Yes ___ No ___ If no, please explain.

Does the student have any allergies? Yes ___ No ___ Is yes, please explain.

May the student be given over-the-counter medication (such as Tylenol/ Advil or their generics) by School personnel? Yes ___ No ___ If yes, please specify if there are any such medications that should not be given:

As parent/guardian of the applicant, I attest that the above information is true and accurate to the best of my knowledge. If the applicant is accepted to Chrysalis Experiential Academy, Inc., I grant Chrysalis Experiential Academy Inc. officials permission to secure necessary medical attention at our expense for the above-names applicant in case of an emergency or my absence.

Signature of Parent/Guardian _____ Date _____

Medical Examination



To be completed by Applicant's Physician

Instructions: The information below must be completed by the applicant's physician and returned promptly to:

**Chrysalis Experiential Academy, Inc.
10 Mansell Court East, Suite 500
Roswell, GA 30076
Phone: 770 649-7077 FAX 678-942-1056**

Name of Student _____ Date of Examination _____

Physical Characteristics

Height _____ ft., _____ in. Weight _____ lbs. Complexion _____ Color of Hair _____

Color of Eyes _____ Frame _____

Birthmarks or Distinguishing Features _____

General Health

Please place a check by any of the following in which there are abnormalities or areas of concern:

___ Face ___ Head ___ Eyes/Vision ___ Peripheral Vision ___ Ears ___ Nose ___ Mouth

___ Blood Pressure ___ Neck ___ Chest ___ Heart ___ Abdomen ___ Back ___ Rectum

___ GU ___ Hearing ___ Secondary Characteristics ___ Extremities ___ Reflexes

___ Psychological factors (known or observed) ___ Blood ___ Urinalysis ___ Immune system

Explanation of any of the above items:

Summary and Impressions:

Recommendations:

To the best of your knowledge, is this person physically capable of participating in physical education sessions?

Yes No (Explain)

Physician: _____ Signature: _____ Date: _____			
_____ _____			
Street Address			
_____	_____	_____	(____)
City	State	Zip	Office Phone

Student's Name _____ Date of Birth _____

Parent's Name _____

Date of Certification

This certification is to be used ONLY to certify that a child has met the immunization requirements for attending school OR to certify a medical exemption. The requirements are spelled out on the back of this form. Please review them before completing the certification.

Vaccine	Total # Doses	Date	Date	Date	Date	Date	Date
DTP							
PED DT							
Adult TD							
OPV							
IPV							
MMR							
Measles							
Mumps							
Rubella							
Hep-B Series							

Printed, typed, or stamped name and address:

Certified by: _____ Date: _____

Signature of Licensed Physician (See next page for Minimum Standards.)

County Health Department: _____

Health Center: _____

Certified by: _____ Date: _____

Older versions of this form already on file for children in school should not be replaced. Form 3032 (rev. 10-90)

Georgia Department of Human Resources
School Certificate of Immunization
Chrysalis
experiential academy

SCHOOL OFFICIAL:

This form must be kept on file and available for inspection by health officials as long as the child attends your school. If the child transfers to another school, forward this certificate to the new school.

PHYSICIAN:

The Georgia Department of Human Resources endorses the recommended immunization schedules of the American Academy of Pediatrics Report of the Committee on Infectious Diseases. (The Red Book) and the Advisory Committee of Immunization Practices (ACIP) of the Public Health Service. That which appears below is not an optimal schedule.

IMMUNIZATION REQUIREMENTS (MINIMUM STANDARDS) FOR ISSUANCE OF THE GEORGIA SCHOOL IMMUNIZATION CERTIFICATE (FORM 3032) AND ATTENDANCE AT GEORGIA SCHOOLS.

DIPHTHERIA, TETANUS, AND PERTUSSIS:

At least three doses of **DTP, DT** (Pediatric), or **TD** (Adult) or any combination thereof with the last dose given after the fourth birthday.

POLIOMYELITIS:

At least three doses of trivalent oral polio vaccine (**TOPV**) **OR** at least three doses of enhanced potency polio vaccine (**EIPV**) **OR** a combination of at least three doses of **EIPV** and **TOPV**. The last dose of polio vaccine must have been given after the fourth birthday.

MEASLES, MUMPS, AND RUBELLA:

One dose each of live virus vaccines given after the first birthday. They may have been given as MMR or MR and/or single antigen vaccines.

OR

For measles and rubella only, standard laboratory confirmation of the presence of presumable protective levels of antibodies. If antibodies have been detected, the words "**Positive Test**" should be written in the column for Total Doses and the date of the test written in the first column for Date.

MEDICAL EXEMPTION:

The Medical Exemption should be checked only when there is a physical disability or condition which contraindicates immunization. That includes pregnancy and long-term use of medications such as steroids. The Medical Exemption should not be checked for reasons of short-term illness or because the child must wait for the lapse of appropriate intervals between doses of **DTP/ DT/ TD, MMR**, or polio vaccines.

REFERENCES:

10 Mansell Court East, Suite 500 Roswell, GA 30076 www.chrysalis-academy.org

Georgia Department of Human Resources
School Certificate of Eye, Ear & Dental
Chrysalis
experiential academy

INSTRUCTIONS

TO THE EXAMINER:

1. Make certain identifying information is properly filled in.
2. Make certain the appropriate section of the certificate is filled in for the examination performed.
3. When any or all examinations indicate that the child "needs further professional attention":

The appropriate report form will be supplied by the county health department for private practitioner to fill in and return to the health department in the county of child's residence.

TO THE SCHOOL:

1. When any portion of a certificate indicates that the child "needs further professional attention" and it appears that the child has not had attention, this information should be made available to the county health department.
2. When a "Provisional Certificate" is indicated this information should be made available to the county health department.

TERMS DEFINED:

Examination means an appropriate method of inspection./

Screening Test Passed means to pass a standardized inspection for sorting out those who meet specific requirements.

Examiner means one who is qualified to perform appropriate inspections or tests.

Private Practitioner means one who is in the private practice of dentistry, medicine or a related specialty and licensed under the laws of Georgia.

Provisional Certificate is one issued when in the opinion of a physician a physical disability contraindicates the performance of one or all required examinations. Such certificates will be subject to review.

Special Certificate is one issued when a conflict with belief and practices exist. The parents' affidavit to this effect shall be filed with the county health department.

Georgia Department of Human Resources
CERTIFICATE of EAR, EYE and DENTAL EXAMINATIONS

*TO BE FILED WITH SCHOOL AT TIME OF CHILD'S ENROLLMENT
 This is to certify that the child identified here has received or been excused
 for special or provisional reasons from receiving EXAMINATIONS, TESTS or INSPECTIONS.*

CHILD'S NAME	First	Middle	Last	DATE OR BIRTH	Mo	Day	Yr
LOCAL RESIDENCE (street & Number, P.O. Box, Route, Ect.)	SCHOOL			SEX			
CITY	STATE & ZIP CODE			COUNTY			
PARENT'S NAME	ADDRESS (Street or R, F, D. No., City or Town, State)			RACE			
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other			

EYE-VISION	
<input type="checkbox"/> Screening Test <input type="checkbox"/> Needs Further Professional Examination <input type="checkbox"/> Special Certification <input type="checkbox"/> Provisional Certification	<input type="checkbox"/> Passed <input type="checkbox"/> Observed Problem <input type="checkbox"/> Needs Further Professional Attention <input type="checkbox"/> Special Certification <input type="checkbox"/> Provisional Certification
Examination <input type="checkbox"/> County Health Done By <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> Private Practitioner	Date
Examiner's Signature	Title

DENTAL	
<input type="checkbox"/> Normal Appearance <input type="checkbox"/> Needs Further Professional Attention <input type="checkbox"/> Special Certification <input type="checkbox"/> Provisional Certification	<input type="checkbox"/> Observed Problem <input type="checkbox"/> Needs Further Professional Attention <input type="checkbox"/> Special Certification <input type="checkbox"/> Provisional Certification
Examination <input type="checkbox"/> County Health Done By <input type="checkbox"/> Private Dentist	Date
Examiner's Signature	Title

EAR-HEARING	
<input type="checkbox"/> Screening Test <input type="checkbox"/> Needs Further Professional Examination <input type="checkbox"/> Special Certification <input type="checkbox"/> Provisional Certification	<input type="checkbox"/> Passed <input type="checkbox"/> Observed Problem <input type="checkbox"/> Needs Further Professional Attention <input type="checkbox"/> Special Certification <input type="checkbox"/> Provisional Certification
Examination <input type="checkbox"/> County Health Done By <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> Private Practitioner	Date
Examiner's Signature	Title

FOR INFORMATION:	
CONTACT YOUR COUNTY HEALTH DEPARTMENT, OR YOUR PRIVATE PRACTITIONER	

Athletic Participation & Daily Activity Trip

Chrysalis

experiential academy

Please Read: When signed, this form instructs Chrysalis Experiential Academy, Inc. in which athletic events or physical education activities your son/daughter may participate. The form also provides permission for Chrysalis Experiential Academy, Inc. to act on your behalf when your son or daughter is on an activity trip and medical attention is needed. Chrysalis Experiential Academy, Inc. encourages each student to participate to the best of his/her ability in the various activities offered by Chrysalis Experiential Academy, Inc.

Print Student's Full Legal Name _____ Date of Birth _____

Adherence to Rules and Regulations/ Authorization and Agreement

Please read (Parent and Student):

As attested by our signature/s, I understand and agree to conform to all the rules and regulations governing students of Chrysalis Experiential Academy, Inc. while on an activity, trip, or weekday activity. I understand that the breach of any of these regulations may result in disciplinary action up to and including dismissal from Chrysalis Experiential Academy, Inc.

Understanding that my child may need emergency medical treatment during the hours when he/she attends or participates in Chrysalis Experiential Academy, Inc. activity trips and school-sponsored weekday trips, I authorize Chrysalis Experiential Academy, Inc. personnel to administer such first aid or other minor medical treatment as such person shall deem best under the circumstances. I further authorize Chrysalis Experiential Academy, Inc. and its employees or agents to seek further medical treatment for my child should such employee or agent deem it necessary under the circumstances. *I consent to all such medical treatment and agree to be financially responsible for the same.*

I also understand that medical insurance is not provided by Chrysalis Experiential Academy, Inc. and the responsibility for providing such coverage rests with me as parent or legal guardian for my child. To my knowledge, my son/daughter has no injuries or illnesses that will hinder his/her participation in these activities. If so, I am providing the information on the back (blank space) of this form. In the event there is an injury or illness that would restrict my child's participation in any activity or trip, I will immediately notify Chrysalis Experiential Academy, Inc. personnel in writing.

I also give my child permission to participate in all daily activity trips planned by Chrysalis Experiential Academy, Inc. I allow my child to be transported by myself, another parent, or a Chrysalis Experiential Academy, Inc. faculty member.

My son/daughter and I further agree to release Chrysalis Experiential Academy, Inc. and its employees and agents from all liability for injury to person or property sustained by my child from participation in Chrysalis Experiential Academy, Inc.'s physical education, intramural, interscholastic, school-sponsored trips, or extracurricular activity programs.

I hereby state that I have read, understand, and will comply with all of the foregoing requirements and regulations.

Signature of Parent/Legal Guardian _____ Date

Signature of Student _____ Date

Request for Release of School Information



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Note to Parents or Guardian: Please fill out this form and send it directly to the last school attended by your child. **(Do not return this form to Chrysalis Experiential Academy, Inc.)**

I hereby authorize

_____ (Name of School)

to release information from the record of

_____ (Full name of child)

to Chrysalis Experiential Academy, Inc. It is understood that the information released will remain confidential.

Parent's or Guardian's Signature: _____ Date:

Note to School: A request has been made to Chrysalis Experiential Academy, Inc. to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student.

Please send copies of such materials to the following:

**Chrysalis Experiential Academy, Inc.
10 Mansell Court East, Suite 500
Roswell, Georgia 30076**

School Information Requested:

1. Grade Record
2. A copy of all psychological evaluations, including the following test scores:
 - a. Group and individual Intelligence Tests (including Profile Sheets).
 - b. Achievement Tests: Reading, Spelling, and Arithmetic
 - c. Any other tests given.
3. Individual Education Plan (if applicable).
4. Teacher, Guidance Counselor, and/or other staff comments: use recommendation form.
5. Discipline Records.
6. Health Record.
7. Attendance Record.
8. Transfer Records.
9. Any available dated samples of child's work.

Request for Release of School Information



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I hereby authorize

_____ (Name of School)

to release information from the record of

_____ (Full name of child)

to Chrysalis Experiential Academy, Inc. It is understood that the information released will remain confidential.

Parent's or Guardian's Signature: _____ Date:

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Please send copies of such materials to the following:

**Chrysalis Experiential Academy, Inc.
10 Mansell Court East, Suite 500
Roswell, Georgia 30076**

School Information Requested:

- 10. Grade Record
- 11. A copy of all psychological evaluations, including the following test scores:

- a. Group and individual Intelligence Tests (including Profile Sheets).
 - b. Achievement Tests: Reading, Spelling, and Arithmetic
 - c. Any other tests given.
 12. Individual Education Plan (if applicable).
 13. Teacher, Guidance Counselor, and/or other staff comments: use recommendation form.
 14. Discipline Records.
 15. Health Record.
 16. Attendance Record.
 17. Transfer Records.
-

Has the applicant ever been a recipient of a special services program, i.e. gifted, learning disability resource center etc.? If yes, please explain: _____

Yes No

Is the applicant currently involved with extracurricular activities? If yes, please explain: _____

Yes No

Would the applicant take advantage of such activities in the future if offered?

Yes No

Do you have any reason to question the applicant's academic or personal integrity? If yes, please explain. _____

Yes No

Areas in which the applicant has the greatest strengths: _____

Areas in which the applicant has the greatest needs: _____

Describe the ways the applicant contributes to your school community: (character, citizenship, leadership) _____

Please describe parental support/involvement: _____

Personal Characteristics and Qualities

Peer Relations
 Relationships with adults
 Displays appropriate conduct

role model
 courteous
 good conduct

healthy relationships
 usually positive
 usually good conduct

occasional problems
 occasional problems
 occasional misconduct

relates poorly
 shows little respect
 poor conduct

Integrity
 Concern for others
 Warmth of personality
 Sense of humor
 Spirit of cooperation
 Citizenship
 Attitude toward school

highly trustworthy
 very considerate
 always friendly
 highly developed
 always cooperates
 excellent
 excellent

trustworthy
 considerate
 usually friendly
 good
 cooperates
 good
 good

usually trustworthy
 usually considerate
 occasionally friendly
 fair humor
 occasionally cooperates
 fair
 fair

questionable
 rarely considerate
 rarely friendly
 poorly developed
 poor cooperation
 poor
 poor

Leadership potential
 Self Confidence
 Reaction to criticism/setbacks
 Responsible
 Emotional maturity
 Attention span

leader
 healthy self-image
 excellent
 very responsible
 very mature
 actively engaged

can follow or lead
 needs some support
 good
 usually responsible
 age appropriate
 attentive

leads on occasion
 seems over confident
 fair
 sometimes responsible
 sometimes immature
 variable attention

rarely leads
 poor self-image
 poor
 rarely responsible
 very immature
 requires frequent redirection

Comments: _____

Computers and other forms of technology are an important part of the academic environment at Chrysalis Experiential Academy, Inc. Students must use technology in a responsible manner. In order to ensure that all students and parents understand our policies, we ask that parents review the following Technology Code of Ethics with their children. After this form has been signed and returned to Chrysalis Experiential Academy, Inc., students will be permitted to use computers/technology at Chrysalis Experiential Academy, Inc.

Technology Code of Ethics

1. It is Chrysalis Experiential Academy, Inc.'s policy that students shall not alter or attempt to alter company or private property including technology hardware and software. Students shall not:
 - a. Change desktop settings or control panels on computers
 - b. Remove or damage mouse tracking balls, keyboard keys, cables, connectors, network jacks or any other hardware
 - c. Modify computer software
 - d. Damage computer disks, CD-ROM's, videotapes, laser discs, or other media.
2. It is Chrysalis Experiential Academy Inc.'s policy that students shall not bring computer software and/or disks to any Chrysalis Experiential Academy, Inc. site to be used on company computers without the prior approval of a Director or an instructor. Chrysalis Experiential Academy Inc. discourages bringing software from home. In many cases, such usage would be a violation of copyright laws. We also intend to prevent the spread of computer viruses.
3. Students will not violate the copyright laws concerning computer software and the use of digital images, sounds or other data. Students will not make or use illegal copies of software. Students will be asked to provide bibliographic references when using digital information.
4. Students will not attempt to learn or use any computer security passwords.
5. Students may be asked to provide new, blank 3.5" diskettes to store their work. They are responsible for the care of their disks and are not allowed to share disks with other students.
6. The consequences for violating the above policies are listed in the Parent/Student Handbook. Chrysalis Experiential Academy, Inc. considers abuses of these policies serious offenses.

By reading the above statements and signing below, parents are giving their permission for their children to have access to Internet resources while enrolled in Chrysalis Experiential Academy, Inc. programs. By reading the above statements and signing below, students are agreeing to abide by these guidelines.

Students are permitted to use the Internet only for educational purposes and only under direct supervision by Chrysalis Experiential Academy, Inc. Staff. Some material on the Internet may not be of educational value. Families need to be cognizant that some material obtained via the Internet may be controversial, offensive, or inappropriate for children. We firmly believe, however, that the benefits to students from Internet use far outweigh the possible risks of accessing inappropriate material.

The use of the Internet is a privilege, not a right. Inappropriate behavior may lead to the revocation of this privilege as well as to possible disciplinary action. The decision as to what is appropriate will be made by the Chrysalis Experiential Academy, Inc. employee/instructor.

Student Name: _____

Parent: ____ I hereby give my permission for _____ to access information on the

Internet. I understand that misuse of this privilege by my child will result in termination of Internet privileges and/or disciplinary action.

I do not want my child to have access to the Internet with Chrysalis Experiential Academy, Inc.

Parent Signature Date Student Signature Date

Annual Admission Data



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CONFIDENTIAL INFORMATION

CHILD

Full Legal Name: _____ Preferred Name: _____
Previous School Attended: _____ Age: _____ Birth date: _____
____/____/____
Complete Home Address: _____ Zip: _____
Insurance Company: _____ Policy Number: _____

This form must be completed, signed, and placed on file at our center prior to the first day of your child's attendance. It must be updated whenever a change occurs, and must be resubmitted annually. This form will accompany your child to the hospital in case of an emergency, so accuracy and completeness is of utmost importance.

PART I: EMERGENCY LOCATOR

MOTHER OR GUARDIAN May pick-up child? yes no (circle one)

Legal Name: _____ Preferred Name: _____
Home Address: _____ Zip: _____ Phone: _____
Occupation: _____ Employer: _____
Business Address: _____ Zip: _____ Phone: _____
E-Mail: _____ Cell Phone: _____

FATHER OR GUARDIAN May pick-up child? yes no (circle one)

Legal Name: _____ Preferred Name: _____
Home Address: _____ Zip: _____ Phone: _____
Occupation: _____ Employer: _____
Business Address: _____ Zip: _____ Phone: _____

E-Mail: _____

Cell Phone:

STEPPARENT **May pick-up child? yes no (circle one)**

Legal Name: _____

Preferred Name:

Home Address: _____

Zip: _____ Phone:

Occupation: _____

Employer:

Business Address: _____

Zip: _____ Phone:

E-Mail: _____

Cell Phone:

STEPPARENT **May pick-up child? yes no (circle one)**

Legal Name: _____

Preferred Name:

Home Address: _____

Zip: _____ Phone:

Occupation: _____

Employer:

Business Address: _____

Zip: _____ Phone:

E-Mail: _____

Cell Phone:

EMERGENCY HELP

A. If not already provided above, give names, numbers, or instructions as to how parents or guardian may be reached during the time your child is in school (be specific):

B. Persons the School may contact in an emergency if those persons listed above cannot be reached (they all may pick-up my child; **the school will abide by Georgia state law for teenaged drivers**):

	NAME	RELATIONSHIP	BUS. PHONE	HOME PHONE
1.	_____			
2.	_____			

Annual Admission Data



PART 2: DISEASES & ILLNESSES



GEORGIA STATE LAW REQUIRES your child have a certificate of immunization on file at this school prior to his/her first day of attendance. This certificate can be obtained from your child's doctor.

A. Is medication required on a scheduled basis? _____ If so, what types? (List)

B. Name and address of local prescribing physicians(s) _____

C. Does your child suffer from any of the following? ___ Diabetes ___ Epilepsy ___ Asthma ___
Hyperactivity ___ Learning Disabilities ___ Attention Deficit Disorder ___ Other Allergies or Illnesses
(List) _____

D. Is there any need to restrict your child's physical activity? _____ If so, please explain:

E. Please tell us in detail anything you feel we need to know which will help us protect the health and general well-being of your child. Attach a separate sheet of paper if additional space is needed.

PART 3: OTHER FAMILY MEMBERS

I. SIBLINGS

NAME

AGE

1.

2.

3.

4.

II. GRANDPARENTS OR OTHER PERSONS YOU WOULD LIKE INCLUDED ON MAILING LISTS

Name: _____ E-Mail: _____

Home Address: _____ Zip: _____ Phone: _____

Name: _____ E-Mail: _____

Home Address: _____ Zip: _____ Phone: _____

Name: _____ E-Mail: _____

Home Address: _____ Zip: _____ Phone: _____

Chrysalis Experiential Academy, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Annual Admission Data

Chrysalis

experiential academy



PART 4: SPECIAL PERMISSIONS



DIRECTIVE

We, the undersigned parents or guardian, authorize the following regarding our above-named child:

PICK-UP

Our child can be released from the School to the following person(s) other than ourselves (*Note: Chrysalis Experiential Academy, Inc. will abide by Georgia state law for teenaged drivers*):

	NAME	ADDRESS	PHONE	RELATIONSHIP
A.	_____			
B.	_____			

FIELD STUDIES

Our child can participate in, and be transported to and from school on “away from school” field studies, or other activities, if included in the School’s program. We understand that Chrysalis Experiential Academy, Inc. will make every effort to notify us of upcoming field trips and to provide us with dates, times, and places, as appropriate.

ACCIDENT OR ILLNESS

Should your child become ill or have an accident and it is the opinion of Chrysalis Experiential Academy, Inc. authorities that he/she requires a physician’s attention and Chrysalis Experiential Academy, Inc. is unable to locate us, then the physicians named below, in order of preference as listed, may be authorized by Chrysalis Experiential Academy, Inc. authorities to attend our child.

- * Dr. _____

2. Dr.

3. Dentist

*Note: This should be the doctor who maintains your child's medical records.

EMERGENCY

In the event the administration of an anesthetic or the performance of emergency surgery is necessary (as, for example, in the setting of a broken bone), and neither of the undersigned is available to give permission, then we the undersigned parents or guardians, authorize and empower a representative of Chrysalis Experiential Academy, Inc. to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery on our child.

AUTHORIZING SIGNATURES

We have read "Part 4" above and give our permission as stated. We also attest that all information provided in "Part 1," "Part 2," and "Part 3" of this form is correct to the best of our knowledge. Finally, we acknowledge that we are still in agreement with the Technology Code of Ethics, Zero Tolerance Policy, and give permission to photograph and film our child for school purposes.

Signature of Person Completing This Admission Form:

Relationship to the Student:

Signature of Other Parent of Guardian:
