



The Shining Star Academy

STUDENT APPLICATION

New Student Enrollment

Address

613 Cook Street, Royston, GA 30662

Phone:

(706) 240-0245

Email:

info@theshiningstarproject.org

New Student Enrollment Packet

STUDENT INFORMATION

Student Full Legal Name: _____

Preferred Name/Nickname: _____

Date of Birth: _____

Age: _____

Gender: _____

Grade Applying For: _____

Enrollment Date Requested: _____

Student Social Security Number (Optional): _____

Primary Language Spoken at Home: _____

Student Home Address: _____

City: _____ State: _____ ZIP: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Employer: _____

Home Address (if different): _____

Parent/Guardian #2

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Employer: _____

Home Address (if different): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name: _____

Relationship to Student: _____

Phone Number: _____

Alternate Phone Number: _____

Emergency Contact #2

Name: _____

Relationship to Student: _____

Phone Number: _____

Alternate Phone Number: _____

STUDENT MEDICAL INFORMATION

Primary Care Physician: _____

Physician Phone Number: _____

Preferred Hospital: _____

Medical Diagnoses

Please list all medical, developmental, behavioral, psychological, neurological, and educational diagnoses:

Allergies

Please list all food, medication, environmental, or other allergies:

Current Medications

Medication	Dosage	Frequency	Needed at School?

Special Medical Concerns or Precautions

Seizure History

☐ Yes ☐ No

If yes, please explain:

Dietary Restrictions or Feeding Needs

Mobility or Physical Assistance Needs

EDUCATIONAL HISTORY

Current or Most Recent School: _____

School District: _____

Dates Attended: _____

Reason for Leaving: _____

Has the student ever:

- Been retained in a grade? ☐ Yes ☐ No
- Been suspended or expelled? ☐ Yes ☐ No
- Received special education services? ☐ Yes ☐ No
- Had a Behavior Intervention Plan (BIP)? ☐ Yes ☐ No
- Had a 504 Plan? ☐ Yes ☐ No
- Received speech therapy? ☐ Yes ☐ No
- Received occupational therapy? ☐ Yes ☐ No
- Received physical therapy? ☐ Yes ☐ No
- Received ABA or behavioral therapy? ☐ Yes ☐ No

If yes to any above, please explain:

SPECIAL EDUCATION & SUPPORT SERVICES

Current Eligibility Category (if applicable)

- ☐ Autism Spectrum Disorder
- ☐ Intellectual Disability
- ☐ Specific Learning Disability
- ☐ Emotional Behavioral Disorder
- ☐ Other Health Impairment
- ☐ Speech/Language Impairment
- ☐ Orthopedic Impairment
- ☐ Traumatic Brain Injury
- ☐ Multiple Disabilities
- ☐ Developmental Delay
- ☐ Other: _____

Current Services Received

- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Physical Therapy

- ☐ Counseling
- ☐ Behavioral Support
- ☐ ABA Therapy
- ☐ Nursing Support
- ☐ Adaptive PE
- ☐ Other: _____

Please attach copies of the following, if available:

- ☐ Current IEP
 - ☐ Eligibility Report
 - ☐ Psychological Evaluation
 - ☐ Functional Behavior Assessment (FBA)
 - ☐ Behavior Intervention Plan (BIP)
 - ☐ Therapy Reports
 - ☐ Most Recent Report Card/Progress Report
 - ☐ Discipline Records
 - ☐ Standardized Testing Results
 - ☐ Medical Documentation
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BEHAVIORAL & SOCIAL INFORMATION

Student Strengths

Areas of Concern

Behavioral Concerns

Please check any behaviors that may apply:

- ☐ Elopement/Wandering
- ☐ Aggression
- ☐ Self-Injurious Behavior
- ☐ Property Destruction
- ☐ Verbal Outbursts
- ☐ Anxiety
- ☐ Sensory Sensitivities
- ☐ Difficulty with Transitions
- ☐ Social Difficulties
- ☐ Toileting Concerns
- ☐ Sleep Concerns
- ☐ Other: _____

Please provide additional details:

Communication Methods Used by Student

- ☐ Verbal Communication
- ☐ AAC Device
- ☐ PECS
- ☐ Sign Language
- ☐ Gestures
- ☐ Limited Verbal
- ☐ Nonverbal
- ☐ Other: _____

TRANSPORTATION INFORMATION

Authorized Pick-Up Persons:

Name	Relationship to Student	Phone Number

GEORGIA STATE REQUIRED DOCUMENTATION

The following documents are required for enrollment in accordance with Georgia state requirements and school policy:

Required Enrollment Documents

- ☐ Certified Birth Certificate
- ☐ Social Security Card (if available)
- ☐ Proof of Residency
- ☐ Parent/Guardian Identification
- ☐ Previous School Records/Transcript
- ☐ Withdrawal Form from Previous School (if applicable)

Georgia Health & Immunization Requirements

- ☐ Georgia Certificate of Immunization (Form 3231)
- ☐ Georgia Certificate of Vision, Hearing, Dental & Nutrition Screening (Form 3300)
- ☐ Affidavit of Religious Objection to Immunization (Form 2208), if applicable

Georgia State Notice Regarding Immunization Requirements

Georgia law (O.C.G.A. § 20-2-771) requires that all students enrolled in schools and childcare facilities maintain a valid Georgia Certificate of Immunization (Form 3231) unless exempt by law. Medical exemptions must be documented on Form 3231. Religious exemptions require a notarized Affidavit of Religious Objection to Immunization (Form 2208).

Students may be excluded from attendance during outbreaks of vaccine-preventable diseases if exempt from immunization requirements.

Georgia Vision, Hearing, Dental & Nutrition Screening Requirement

Georgia law requires all children entering a Georgia school for the first time to provide a completed Georgia Certificate of Vision, Hearing, Dental and Nutrition Screening (Form 3300).

RECORDS RELEASE AUTHORIZATION

I hereby authorize Shining Star Academy to request, receive, review, and exchange educational, medical, therapy, behavioral, and psychological records regarding my child from previous schools, providers, therapists, physicians, and agencies for the purpose of determining eligibility and developing appropriate educational programming.

Parent/Guardian Initials: _____

PHOTO / MEDIA RELEASE

☐ YES, I authorize Shining Star Academy to photograph or video my child for educational, promotional, social media, or school-related purposes.

☐ NO, I do not authorize Shining Star Academy to photograph or video my child.

Parent/Guardian Initials: _____

TECHNOLOGY & INTERNET ACCEPTABLE USE AGREEMENT

I understand that students may be provided access to educational technology and internet resources. I agree that my child will follow school technology policies and use electronic devices appropriately.

Parent/Guardian Initials: _____

ATTENDANCE POLICY ACKNOWLEDGMENT

I understand that regular attendance is critical to my child's educational progress. I agree to notify the school regarding absences and comply with school attendance policies.

Parent/Guardian Initials: _____

TUITION & FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

I understand that enrollment is contingent upon completion of all tuition agreements, scholarship documentation, and financial obligations.

Parent/Guardian Initials: _____

PARENT/GUARDIAN STATEMENT

I certify that the information provided in this enrollment packet is true and accurate to the best of my knowledge. I understand that providing false or incomplete information may affect enrollment eligibility.

I understand that submission of this application does not guarantee acceptance or placement at Shining Star Academy.

Parent/Guardian Name: _____

Signature: _____

Date: _____
