

KING'S REPARATORY ACADEMY

6175 Lawrenceville Highway, Tucker, Georgia 30084 ☎ 770.524.8277 ☎ registrar@kingsprep.edu

Student Application

Student Legal Name _____ Goes By: _____
LAST FIRST M.I.

____ Male ____ Female Age: ____ Birthdate: _____ Primary Contact
Phone: _____

Grade Entering: _____ Current/Last School* Attended: _____

*If Home Schooled, please provide a statement of educational experience. Include current curriculum followed, name of person who serves as the primary contact, the length of home-school period, as well as any additional comments you'd like to share with us.

How would you describe this student's attitude toward school?

If you answer yes to any of the following, please explain below.

Has the student ever failed a grade? _____ Yes _____ No

Does the student have a learning disability, need tutoring or special education including Gifted education? _____ Yes _____ No

Has the student had any academic, or social problems at school? _____ Yes _____ No

Does the student have any health problems or physical limitations? _____ Yes _____ No

Is the student on any medication? _____ Yes _____ No

Has the student had any behavior problems or ever been suspended from school? _____ Yes _____ No

Is the student adopted? _____ Yes _____ No

Explanations: _____



PARENT/FAMILY INFORMATION

Father's Name _____ **Age** _____

Home Address _____

Email: _____ Phone _____

Social Security Number _____

D.O.B: _____

Country of Citizenship _____ Years at Job _____

Employer _____

Employer Address _____

Work Phone _____ Position _____

Mother's Name _____ **Age** _____

Home Address _____

Email: _____ Phone _____

Social Security Number _____

D.O.B: _____

Country of Citizenship _____ Years at Job _____

Employer _____

Employer Address _____



- Linguistic Investigation
- Calligraphy

- American Sign Language
- Journalism

Choose Connections Preference A or B regardless of Dual Path selections

_____ (A) Arts in Education Connections Track

Students will be able to pursue artistic expression through learning an instrument, participating in chorus, dance, visual arts, photography, drama, Literary Magazine, etc.

_____ (B) Sports In Education Connections Track

Students participate in a variety of team and individual sports, some Competitive, to develop their overall physical health. Offerings vary with the season.

We hereby certify that the above answers are true and complete. I realize that failure to disclose pertinent information may result in my child not being accepted into the program of his or her choice.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____



**PART I: STUDENT INFORMATION
(ALL AREAS MUST BE COMPLETED)**

STUDENT ID _____ DATE OF BIRTH _____

NAME _____ / _____ / _____
(Last Name) (First Name) (Middle)

ADDRESS _____
(Street) (City/State/Zip Code)

TELEPHONE _____ Secondary Phone _____

PART II: REQUIRED

DOSE 1: ___/___/___ DOSE 2: ___/___/___ (12–15 months or later)

DOSE 3: ___/___/___ (4–6 years or later, and at least one month after first dose)

MENINGOCOCCAL QUADRIVALENT One dose must have been administered when you were ≥ 16
#1 ___/___/___ #2 ___/___/___

TETANUS-DIPHTHERIA (Primary series with DTaP or DTP and booster with Td in the last 10 years meets requirement.)

PRIMARY SERIES OF FOUR DOSES WITH DTaP OR DTP:

#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

OPV ALONE (oral Sabin three doses): #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

PNEUMOCOCCAL POLYSACCHARIDE VACCINE ___/___/___

For International Students:

TUBERCULOSIS SCREENING TUBERCULIN SKIN TEST: DATE GIVEN: ___/___/___

DATE READ: ___/___/___

RESULT: _____ (Record actual mm of induration, transverse diameter; if no induration, write "0")

INTERPRETATION: POSITIVE ___ NEGATIVE ___

Primary Care Physician _____

Office Address/Phone _____



IMMUNIZATION EXEMPTIONS

A written exemption statement must be returned to the Student Health Service for review. Please be aware, if an outbreak of measles, mumps, or rubella occurs, the State Health Department may exclude students from classes who do not provide proof of immunity to these diseases.

If applicable, please check one of the following immunization exemptions:

____ MEDICAL (An exemption may be granted based on a written statement from a physician, or a designee, that the immunization(s) may be detrimental to the health of the student.)

____ RELIGIOUS/MORAL/ETHICAL (An exemption may be granted based on a student's written objection to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.)

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Please return form to :

Office of Health & Student Services
King's Preparatory Academy
6175 Lawrenceville Highway
Tucker, Georgia 30084

SCHOOL 2018



SUPPLIES 2019

KINDERGARTEN

- 1 Pak Baby Wipes
- 1-Pak (240 sheet count) Construction Paper*
- 1 Roll Paper Towels
- 1 Box, 12 ct. Large Crayons
- 1 Pak Stickers
- 1 Box Facial Tissue

FIRST GRADE

- 3- Block Erasers
- 1-Pak Primary Ruled Notebook Paper
- 1-Pak (240 sheet count) Construction Paper*
Clipboard (8 1/2 X 12)
- 1-Pak Ticonderoga HB#2 Pencils*
- 1 Roll Paper Towels
- 2 Composition Books*
- 1 Box, 48 ct. Crayons
- 1 Box Facial Tissue

SECOND GRADE

- 3- Block Erasers
- 2-Paks Wide Ruled Notebook Paper
- 1-Pak (240 sheet count) Construction Paper*
Clipboard (8 1/2 X 12)
- 2-Paks Ticonderoga HB#2 Pencils*
- 1 Roll Paper Towels
- 2 Expo Dry Erase Markers
- 4 Composition Books*
- 1 Box, 48 ct. Crayons
- 1 Box Facial Tissue

THIRD GRADE

- 3- Block Erasers
- 2-Paks Wide Ruled Notebook Paper
- 1-Pak (240 sheet count) Construction Paper*
Clipboard (8 1/2 X 12)
- 2-Pak Ticonderoga HB#2 Pencils*
- 1 Roll Paper Towels
- 4 Composition Books*
- Pencil Pouch, NO BOXES PLEASE
- 1 Box, 48 ct. Crayons
- 1 Pak Colored Pencils
- Thumb Drive*

THIRD GRADE CONT.

- 2 Expo Dry Erase Markers
- 1 Box Facial Tissue

FOURTH GRADE

- Pencil Cap Erasers
- 2-Paks Wide Ruled Notebook Paper
Clipboard (8 1/2 X 12)
- 2-Pak Ticonderoga HB#2 Pencils*
- 1 Roll Paper Towels
- 4 Composition Books*
- Pencil Pouch, NO BOXES PLEASE
- 1 Box, 48 ct. Crayons
- 1 Pak Colored Pencils
- Thumb Drive*
- 2 Expo Dry Erase Markers
- 1 Box Facial Tissue

FIFTH GRADE

- Pencil Cap Erasers
- 2-Paks Wide Ruled Notebook Paper
Clipboard (8 1/2 X 12)
- 2-Pak Ticonderoga HB#2 Pencils*
- 1 Roll Paper Towels
- 4 Composition Books*
- Pencil Pouch, NO BOXES PLEASE
- 1 Pak Colored Pencils
- Thumb Drive*
- 2 Expo Dry Erase Markers
- 1 Box Facial Tissue

STEM PATH

- Case-It D-146 3" Solid Zipper Binder, **Red***
- Subject Dividers

LANGUAGE PATH

- Case-It D-146 3" Solid Zipper Binder, **Black***
- Subject Dividers

PHYSICAL EDUCATION

- Black Athletic Shorts
- Lace Up Tennis Shoes
- KPA **Red** or Black Jersey*



KING'S PREPARATORY ACADEMY

ParentTeacherStudent CONTRACT

Family Name _____ School Year _____

Each student should be helped to reach his/her highest potential for intellectual, emotional and physical growth. To achieve this, the home and school must work together by recognizing and agreeing upon the responsibilities of each party in the learning process.

As a parent, I will be responsible for:

1. Providing a caring environment, including adequate food and rest, so my child is ready to learn.
2. Providing a time and place for quiet study and reading at home.
3. Helping my child in any way possible to meet his/her responsibilities including reading with and to my child.
4. Taking care of educational expenses, tuition, and fees my child incurs in a timely manner.
5. Conference with my child's teacher at least twice during the school year.
6. Complete my volunteer assignment and/or buy-out as scheduled by the PTS Committee.

Date: _____ Parent Signature: _____

Date: _____ Parent Signature: _____

As a teacher, I will be responsible for:

1. Providing instruction in a way that will motivate and encourage my students.
2. Providing an engaging and positive atmosphere for learning.
3. Explaining assignments so that my students have a clear understanding.
4. Supplying clear evaluations of student progress to students and parents by conferencing with each.
5. Acting as an advocate for my students at all time ensuring their safety.
6. Follow the Educator Code of Conduct at all times.

Date: _____ Teacher Signature: _____

As a student (Grades 1-8), I will be responsible for:

1. Showing respect and cooperating with all faculty and staff at the school.
2. Coming to class on time, prepared to work.
3. Completing all assignments to the best of my ability.
4. Respecting the rights of others to learn without disruption.
5. Showing respect for people and property by not using profanity, stealing or vandalizing.
6. Practicing the rules in the Code of Student Conduct.
7. Spending time at home on daily studying or reading.
8. Reporting dangerous situations to an adult immediately.

Date: _____ Student Signature: _____