



*“Lighting the Pathway to the Future”*

## APPLICATION FOR ADMISSION

### TO THE APPLICANT:

We are delighted that you are considering Imhotep Academy as a learning opportunity for your child. Imhotep Academy is committed to providing the finest quality program for the education of our children. Many spiritual, academic, athletic and artistic experiences await students here. Our school will provide an excellent educational program for your son or daughter within a warm and nurturing environment. Our faculty at all grade levels is committed to excellence and enrichment.

Your application for admission will be reviewed once the Admissions Office has received all of the necessary credentials. Prospective students must submit an application, most recent report card and standardized test results (K-8 grades), teacher recommendations (K-8 grades) and an up-to-date immunization record (Accredited 4's-8 grades). Each application is reviewed on an individual basis with final selection based upon academic grades (K-8 grades only). Please read carefully and follow all instructions in order that your child's application may be processed promptly.

The following checklist should assist you in the admissions process:

#### New Student Application Checklist

- Application for enrollment
- \$400 registration fee
- A copy of most recent report card (K-8<sup>th</sup> Grade)
- Most recent standardized test scores (K-8<sup>th</sup> Grade)
- Health records (GA Form 3300)
- Immunization record
- Recent photograph of applicant

# APPLICANT INFORMATION

Date of Application \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last Name First Middle Nick Name

Grade Applying to: \_\_\_\_\_ Term Beginning:  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birth Place \_\_\_\_\_ Male/Female \_\_\_\_\_

Referred by \_\_\_\_\_

# DESCRIPTION OF CHILD

Please describe your child as objectively as possible in the space below. Include ways, general and specific, you expect your child to benefit from an Imhotep Academy education.

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# FAMILY INFORMATION

Application lives with:  Both Parents  Mother only  Father only  Guardian  
 Mother & Stepfather  Father & Stepmother  Other \_\_\_\_\_

If the applicant's parents are divorced, which parent has legal responsibility for:

School related decisions \_\_\_\_\_ School bills \_\_\_\_\_

Custody of the student \_\_\_\_\_ Receiving school communications \_\_\_\_\_

## PARENT 1

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

## PARENT 2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Email \_\_\_\_\_

## GUARDIAN

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

## ADDITIONAL FAMILY

Mailings should be to:

Both Parents  Mother  
 Father  Guardian

List Siblings' Names and Grades Attending:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the child have relatives who attend or have attended Imhotep Academy? \_\_\_ Yes \_\_\_ No

If yes, please list names, relation and years attended:

\_\_\_\_\_

\_\_\_\_\_

# SCHOLASTIC INFORMATION

A copy of the applicant's most recent report card and test scores must accompany this application for all students applying to kindergarten through eighth grades.

Current School Name \_\_\_\_\_ Grades Attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_

**Other Schools Attended:**

Name of School (s)	Locations	Phone Number	Grades	Dates

Has the applicant been suspended or asked to leave any school? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant been recommended for special education, advanced placement or retention? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant had any discipline problems or are there any pending discipline problems at school?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any specific modification necessary to facilitate the applicant's education:

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

What is your primary reason for selecting Imhotep Academy for your child?

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

# MEDICAL HISTORY

Please describe any illnesses, diseases, physical disabilities or special conditions which either have affected or may affect the applicant's general health, his schoolwork or his participation in athletics. (Example: Health, Hearing, Eyesight, Attention Deficit, Memory, Learning Difficulties, Motor Difficulties, etc.)

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Does the applicant have any special abilities or talents/ (i.e. athletic, artistic, musical, academic, etc.)

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If applicant has been referred for special educational services or has had a diagnostic testing within the past 3 years, please indicate what type and when:

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If you answered yes, please give the following information:

Name of Physician \_\_\_\_\_ Date of Testing \_\_\_\_\_

*(We may request from you a copy of the report.)*

If applicant has ever been tested for special academic or behavioral concerns, indicate here:

**\*A copy of these results must accompany this application.**

- ADD       Dyslexia       Hearing Impairment
- ADHD       Speech Impairment       Other (specify) \_\_\_\_\_

If applicant has been on medication for educational purposes, indicate what medication and frequency of dosage.

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A pre-requisite for admission is toilet training. Has your child completed that training? \_\_\_\_\_

# HEALTH RECORD

## ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD TO THIS FORM

Child's Name \_\_\_\_\_

Is the child able to participate in the normal activities of a school program?

Yes  No

Are there any restrictions on normal activities?  Yes  No

If yes, please specify: \_\_\_\_\_

Does the child have any chronic medical condition that necessitates special attention?  Yes  No

If yes, please specify: \_\_\_\_\_

Is this child taking any medication prescribed for long term continuous use?

Yes  No

If yes, please explain: \_\_\_\_\_

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

Has the child been hospitalized during the past 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

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

Known Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

# IDENTIFICATION AND EMERGENCY INFORMATION

Please list additional persons whom we may call in an emergency and whom you authorize to take your child from the school. It is important that they are available during school hours.

Name/Relationship to Student/Address	Home Phone Number	Alternate/Cell Number	Work Number

**GENERAL AUTHORIZATION:** We hereby grant to Imhotep Academy permission for the applicant to leave the premises of Imhotep Academy to take part in planned educational field trips or activities by the staff of the Imhotep Academy (provided such trips or activities will be separately announced to the parent or guardian at least 48 hours in advance of the trip or activity). We hereby grant permission for the applicant to participate in activities and be transported under the Imhotep Academy supervision for purposes of taking part in educational field trips or other activities.

**MEDICAL AUTHORIZATION:** We hereby grant Imhotep Academy permission to take whatever action in its judgment may be necessary to supplying emergency medical services to the applicant. We understand that, consistent with the circumstances of the situation and available time, Imhotep Academy will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s); we hereby grant permission to Imhotep Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will solely be responsible for and will promptly pay any expenses which may be incurred by Imhotep Academy in making emergency medical treatment available to the applicant. We give Imhotep Academy permission to transport the applicant in an Imhotep vehicle, vehicle of its personnel or by ambulance in case of an emergency.

In case of an emergency, I hereby give my consent to call:

Name of Physician \_\_\_\_\_ Physician's Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Family's Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# PARENT'S ACKNOWLEDGEMENT

## STATEMENT OF PARENT OR GUARDIAN

In making application for my child to attend Imhotep Academy it is my desire to fully support the policies and procedures of the school. If at any time I am unable to support the school, I will go through the proper channels to handle my concerns.

To the best of my knowledge, the information provided by me on this application is accurate and true.

\_\_\_\_\_  
Parent/Guardian Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Relationship

\_\_\_\_\_  
Date

Acceptance to Imhotep Academy is based upon information learned from reference forms, testing and previous school records. All students are accepted on a nine-week probationary period, at the end of which the student's performance is evaluated and his or her status is determined by the faculty and administration.

**PLEASE ADDRESS ALL CORRESPONDENCE TO:**

Director of Admissions  
Imhotep Academy  
667 Fairburn Rd. NW  
Atlanta, GA 30331

**Notice of Non-Discrimination**

Imhotep Academy, admits qualified students of any race, color, national or 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, scholarship programs, and athletic and other school-administrated programs. In addition, the school pursues a policy of open hiring without regard to race, color, national and ethnic origin.