



Enrollment Process

Thank you for your interest in the Sudbury School of Atlanta. Please fill out a separate Enrollment Application for each student applying. If you have questions, please call (404) 500-8680 or email info@sudburyschoolofatlanta.org for more information.

1. **Submit** Application and \$100 nonrefundable application fee (\$50 for each additional sibling)
2. **Attend** Admissions Conference with your whole family
3. **Attend** SSA as a student for 3 days
4. **Attend** post-visit conference with at least one parent/guardian
5. **Sign** tuition contract, pay tuition and fees, and start at Sudbury

The Sudbury School of Atlanta admits students of any race, creed, color, religion, gender, sexual orientation, gender identity, disability, 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, creed, color, religion, gender, sexual orientation, gender identity, disability, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Student Name: _____



Enrollment Application

Program Selection

Program for Ages 5 to 18 (9am - 3pm)

_____ 5 Days

_____ 4 Days

_____ 3 Days

_____ 2 Days

_____ 1 Day

Program for Age 4 (9am - 1pm)

_____ 5 Days

_____ 4 Days

_____ 3 Days

_____ 2 Days

_____ 1 Day

Do you plan to apply for Tuition Assistance? _____ Yes _____ No

* Admissions preference is given to students who wish to attend 5 days per week.

Student Name: _____

For Office Use Only:

Date Received: _____ App Complete: _____ Fee Paid: _____ check# _____ Agent: _____

Date Parent-Student Discussion Guide Sent: _____ Agent: _____

Admissions Conference Date: _____ Time: _____ Staff: _____

School Visit Dates: _____

Notes: _____

Enrollment Application - continued:

Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____

Preferred Email Address: _____

Student Name: _____

Name of first parent or legal guardian: _____

Home Address (if different): _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____

Do you accept text messages to this number? Yes No

Preferred Email Address: _____

Best way and time to reach you: _____

Name of second parent or legal guardian: _____

Home Address (if different): _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____

Do you accept text messages to this number? Yes No

Preferred Email Address: _____

Best way and time to reach you: _____

Student Name: _____

Living Situation

Is the First Parent/Guardian living with the student?

_____ Yes, Full-Time _____ Yes, Part-Time _____ No

Is the Second Parent/Guardian living with the student?

_____ Yes, Full-Time _____ Yes, Part-Time _____ No

Siblings

Sibling Name: _____ Age: _____ Applying to SSA? _____ Yes _____ No

Living with Student? _____ Yes, Full-Time _____ Yes, Part-Time _____ No

Sibling Name: _____ Age: _____ Applying to SSA? _____ Yes _____ No

Living with Student? _____ Yes, Full-Time _____ Yes, Part-Time _____ No

Sibling Name: _____ Age: _____ Applying to SSA? _____ Yes _____ No

Living with Student? _____ Yes, Full-Time _____ Yes, Part-Time _____ No

Student Name: _____

Please list other persons, not siblings or parents/guardians, who live with the student

Name: _____ Relationship: _____

_____ Living with student full-time _____ Living with student part-time

Name: _____ Relationship: _____

_____ Living with student full-time _____ Living with student part-time

Student Name: _____

Emergency and Health Information

Date of Birth: _____

Name of first parent or legal guardian: _____

Name of second parent or legal guardian: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone number(s): _____

Name: _____ Relationship: _____

Phone number(s): _____

Name: _____ Relationship: _____

Phone number(s): _____

Medical Provider and Insurance Information

Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Carrier: _____

Name of Insurance Policy Holder: _____

Insurance Policy Number: _____

Student Name: _____

Health Information:

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Other relevant medical information: _____

Student Name: _____

Waivers

Medical Care Release

I hereby give permission for my child to receive first aid assistance when necessary and to be taken to a doctor's office or hospital if deemed necessary by staff in the case that a parent/legal guardian can't be reached or in the case of an emergency. I understand that I assume all risks incidental to my child participating at the Sudbury School of Atlanta and am responsible for paying all medical bills.

_____ (parents/legal guardians initials)

Pick-up Permission Release

Please list all persons other than listed parent(s)/guardian(s) who have permission to pick up your child.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

_____ (parents/guardians initials)

Supervision

I understand that at SSA students are treated as independent, responsible members of a community. As such, I understand that staff will not directly monitor my child at all times.

_____ (parents/guardians initials)

Image Use

I hereby give permission for my child to be included in any image recording connected with the school's program. I understand that those images may be used on the school's website, Facebook page, and printed materials in perpetuity, regardless of enrollment status.

_____ (parents/guardians initials)

Spontaneous Field Trip

A spontaneous field trip takes place on the day it is planned, without advance notice to families.

Destinations include the Dekalb Farmers Market, local parks, museums, libraries are other local places of interest. Spontaneous field trips:

- Take place during school hours only
- Are supervised by staff
- May happen on foot, via public transportation, or in staff vehicles

I give my child permission to participate in spontaneous field trips.

_____ (parents/guardians initials)

Student Name: _____

Free Play

I understand that students at SSA are given unlimited access to the outdoors when weather conditions are safe. Students often engage in free play outside including running, jumping, climbing trees, building forts, playing in mud, jumping off swings and other organic outdoor play. I understand that free play may have inherent risks and can result in injury. I acknowledge and accept the risks associated with free play for my child.

_____ (parents/guardians initials)

Bright From the Start Exemption

The Sudbury School of Atlanta (SSA) is a private, non-public educational program using the Sudbury model of education, serving children ages five and older during the school term for the customary school day, as defined by Georgia Law. SSA also serves four-year old children for a maximum of four hours a day during the school term.

As such, SSA has received an exemption from the licensing, standards and jurisdiction of the Bright From The Start agency that oversees programs for children in Georgia.

I have read and understand the statement above advising me that SSA is exempt from Bright From The Start licensing, standards and jurisdiction.

_____ (parents/guardians initials)

I/we affirm that all of the information entered above is true and correct to the best of my knowledge. I/we agree to all of the conditions of the initialed waivers above.

Parent/Guardian Name (please print): _____

Signed: _____ Date: _____ (parent/legal guardian)

Parent/Guardian Name (please print): _____

Signed: _____ Date: _____ (parent/legal guardian)

Student Name: _____

Admission Conference Preparation Questions

Students who attend the Sudbury School of Atlanta will have significant freedom and substantial responsibility. The goal of the Admissions Conference is to make sure that both parents/guardians and students fully understand what is expected of students. It is also an opportunity for parents/guardians and students to have all of their questions answered.

Before your Admissions Conference, please:

- Submit completed Enrollment Application with \$100 Application Fee (\$50 for each sibling)
- Review the Parent & Student Discussion Guide with your child
- Submit completed Parent & Student Discussion Guide

When answering the following questions, it is important that the responses come from both the student and parents(s)/guardian(s). If your child does not yet read or write, please transcribe his or her answers.

NOTE: We require both parent(s)/legal guardian(s) and the prospective student to attend the Admissions Conference. If both parents/legal guardians can't attend together, a second conference can be scheduled. (In this case, an additional \$50 fee will be due.)

1. Please describe your educational history to date (student): _____

Student Name: _____

2. Why do you want to attend SSA? Student response: _____

Parent response: _____

3. How would you like to spend your day at SSA? Student response:

Parent response: _____

4. What do you expect will be challenging about a Sudbury education? Student response:

Parent response: _____

Student Name: _____

5. What questions do you have? Student response: _____

Parent response: _____
