

Parent/Guardian Information (Continued)

Parent/Guardian #2:	Last Name:	First Name:	Email:
Home Phone:	Work Phone:	Cell Phone:	Speaks English?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	Employer:	Highest Education:	Custodial Guardian?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Household Persons / Emergency Contacts

Name	Relationship	Home Phone	Cell Phone

Sibling Information

Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled in APS School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:		Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled in APS School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:		Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled in APS School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:		Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled in APS School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School:		Grade:

Required Parent / Guardian Residency Notice

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Atlanta Public Schools upon discovery. Further, I understand that a person who knowingly and willfully...makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter...shall upon conviction thereof, be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both (O.C.G.A 16-10-20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided. **Residency Notice:** To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Atlanta residents for the entire period of enrollment in Atlanta Public Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident for the purpose of this policy.

Parent / Guardian Signatures

I swear or affirm that I am a full-time resident of the City of Atlanta or I am an employee of Imagine Wesley International Academy and affirm that the information that I have given in this document is, to the best of my knowledge, true and correct.

Parent/Legal Guardian Signature: Date:	Parent/Legal Guardian Signature: Date:
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