## **UKA SCHOOL Registration Form**

## **RETURN TO PRINCIPAL BY JUNE 3, 2022**

Teacher's Name		Home Address	
Student's Name			
(Legal) Last First	Middle	Mailing Address	
Student's DOB (Date of Birth) Age	Gender (F/M)	Mailing Address	
			(if different from home address)
Student's Social Security Number			(
		Telephone Numbers Home:	
Father or Legal Male Guardian		Business (Father)	
		Business (Mother) Emergency	
Mother or Legal Female Guardian		Doctor	
General Health/ Medication Required		<b>_</b>	
Last School Attended 2013-14 Current Grade Level 2013-14			
My child will eat a snack at school during summer school. Circle One: Yes No			
My child will ride Fulton County Schools Transportation (school bus). <i>Circle One:</i> Yes No			
Ny enite win neer allon county schools mans			110
My child will take the class(es) indicated i	n the section below and	d tuition is attached.	
My child will take the class(es) indicated i \$155—per class (Full/Reduced Meals)	n the section below and \$125—per class (Free		Order/Cashier's Check payable to home
			Order/Cashier's Check payable to home
		Meals) Make Money school:	Order/Cashier's Check payable to home Classes (No Fee Waivers)
\$155—per class (Full/Reduced Meals)	\$125—per class (Free	Meals) Make Money school:	
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<ul> <li>\$155—per class (Full/Reduced Meals)</li> <li>Classes (No Fee Waivers)</li> <li>K-3rd Gr. Reading</li> </ul>	\$125—per class (Free Classes (No Fee Wai □ 4-6th Gr. Reading	Meals) Make Money school: vers)	Classes (No Fee Waivers)
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**Original: Home School**