

UKA SCHOOL Registration Form

RETURN TO PRINCIPAL BY JUNE 3, 2022

Teacher's Name _____ Student's Name _____ (Legal) Last First Middle Student's DOB (Date of Birth) Age Gender (F/M) _____ / _____ / _____ Student's Social Security Number _____ Father or Legal Male Guardian _____ Mother or Legal Female Guardian _____	Home Address _____ _____ Mailing Address _____ _____ (if different from home address) Telephone Numbers Home: _____ Business (Father) _____ Business (Mother) _____ Emergency _____ Doctor _____
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General Health/ Medication Required _____

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). *Circle One:* Yes No

My child will take the class(es) indicated in the section below and tuition is attached.

\$155—per class (Full/Reduced Meals) **\$125—per class (Free Meals)** **Make Money Order/Cashier's Check payable to home school: _____**

Classes (No Fee Waivers) <input type="checkbox"/> K-3rd Gr. Reading <input type="checkbox"/> K-3rd Gr. Language Arts <input type="checkbox"/> K-3rd Gr. CCGPS Math <input type="checkbox"/> K-3rd Gr. Science <input type="checkbox"/> K-3rd Gr. Phys/Cult'l Geog	Classes (No Fee Waivers) <input type="checkbox"/> 4-6th Gr. Reading <input type="checkbox"/> 4-6th Gr. Language Arts <input type="checkbox"/> 4-6th Gr. CCGPS Math <input type="checkbox"/> 4-6th Gr. Life Science <input type="checkbox"/> 4-6th Gr. World Geog/History	Classes (No Fee Waivers) <input type="checkbox"/> 7-8th Gr. Reading <input type="checkbox"/> 7-8th Gr. Language Arts <input type="checkbox"/> 7-8th Gr. CCGPS Math <input type="checkbox"/> 7-8th Gr. Physical Science <input type="checkbox"/> 7-8th Gr. Georgia Studies
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FOR OFFICE USE ONLY: Home school principal check appropriate boxes.

Method of Payment: _____ Cashier's Check _____ Money Order
 (NO MONEY ORDERS/CASHIER'S CHECK ACCEPTED AFTER JUNE 3rd)

Total Fees Paid: \$ _____ **Date Received:** _____

Received by: _____

Special Education Services General Education Curriculum
 Special Dietary Needs (Attach letter) ESOL ___ Beginner ___ Intermediate ___ Advance

Original: Home School

Yellow: Parent