



GIFTED ACADEMY EDUCATIONAL CENTER

1517 K STREET, SE
WASHINGTON, DC 20003
(202) 431-5203
WWW.GIFTEDAEC.ORG

NEW STUDENT REGISTRATION FORM

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS
STUDENT'S INFORMATION HERE

1 STUDENT INFORMATION: Male Female

This form must be completed in its entirety before it can be considered.

Check this box if address and home phone are the same as Account Holder listed below

Name (First & Last): _____ S.S.# _____

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Home Phone: _____

Date of Birth: _____ Age by the start of school: _____ Grade entering this Fall: _____

Place of Birth: _____
City/ County State

List any Allergies and Dietary Restrictions: _____

YOUR INFORMATION HERE

2 ACCOUNT HOLDER #1/PARENT #1/GUARDIAN #1 INFORMATION:

(all correspondence, report cards, and invoices will be sent to this person)

Name (First & Last): _____ Date of Birth: _____

Email Address: _____ Occupation: _____

*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "info@GiftedAEC.org" to your address book to ensure delivery. Your email is confidential information.

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Home Phone: _____

Cell Phone: _____ Relationship to Student: Mother Father Guardian

Other: _____ Custodial Parent? Yes No

3 ACCOUNT HOLDER #2/PARENT #2/GUARDIAN #2 INFORMATION:

(NOTE: all correspondence and invoices will be sent to the "Account Holder" named above)

Check this box if address and home phone are the same as Account Holder listed below

Name (First & Last): _____ Date of Birth: _____

Email Address: _____ Occupation: _____

*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "info@GiftedAEC.org" to your address book to ensure delivery. Your email is confidential information.

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Home Phone: _____

Cell Phone: _____ Relationship to Student: Mother Father Guardian

Other: _____ Custodial Parent? Yes No

Non-Custodial Parent: Should be contacted in case of emergency and has permission to pick up camper

4 EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your child from school or shuttle location in the event that you are unable to do so.

Name: _____ Phone# _____ Relationship _____

Name: _____ Phone# _____ Relationship _____

Name: _____ Phone# _____ Relationship _____

5 SPECIAL NEEDS AND INTERESTS:
 Describe any Physical Disabilities (poor vision, hearing difficulties, etc.); Learning Disabilities or Disorders; or any other chronic medical conditions (ADHD, ADD): _____



 What medications does your child take regularly? _____
 Describe your child's interests, talents, and abilities _____

6 PARENT AGREEMENT AND COMMITMENT:
 I/We, the undersigned parent(s)/guardian(s), do hereby state that we have read the school's purpose, objectives, and statement of faith and are willing to abide by them for the training of my/our child. I/We understand that attendance at Gifted Academy Educational Center is a privilege not a right.
 I/We agree to support the school's standard of conduct, discipline, and dress code and will cooperate with the school to see that my/our child(ren) meet the standards of appearance and conduct as outlined in the *Parent and Student Handbook*. I/We also vest authority in the school authorities to discipline in our stead.
 I/We realize that a Christian school is not a substitute for the local church. Christian education is complete when the child(ren) receives instruction from the home, Christian school, and a Bible-teaching church. Therefore, I/we will do our best to regularly attend our local church. We also agree to pray for the ministry of the school, staff, and fellow families as I/we join in partnership with Gifted Academy Educational Center.
 I/We agree to register complaints regarding school rules, procedures, etc., only with the director, not other friends or parents. I/We agree that in the event of disagreement between our child(ren) and another child at school, I/we will work through the teacher and administration to achieve reconciliation.
 I/We agree to be active in the school's programs, attend meetings as requested by the teacher/director, and have our child(ren) participate in extracurricular activities in accordance with the school policy, within reason and unless providentially hindered from doing so.
 I/We agree to support the high academic standards of the school by providing a place at home for our child(ren) to study and by giving our child(ren) encouragement in the completion of homework and assignments.
 I/We further agree that, should it be necessary to remove our child(ren) from the school (whether it be our desire or the school's request), I/we will cooperate with the administration to make the withdrawal as peaceful as possible, avoiding discussion with those not involved, so as to avert a spirit of dissension and division which would be to the detriment of either the child or the school.

7 TRANSPORTATION OPTIONS: Please check the appropriate boxes
 If you are in need of shuttle services to and from GAEC, the flat rates are the following:
 \$25 0 to 5 miles from GAEC \$50 6 to 10 miles from GAEC Shuttle services are not needed. My child will be driven by personal vehicle.

8 TUITION AND FEES INFORMATION: I/We agree to pay all registration, enrollment, and related school fees and sign the financial contract prior to the first day of school. I/We further agree to pay the tuition according to arrangements that shall be made in said Contract.
 \$25 non-refundable registration fee + Tuition Payment = Amount of payment today: \$ _____
 TYPE OF PAYMENT: **Check Enclosed** (Made payable to Gifted Academy Educational Center) **Cash Enclosed**
 CashApp (\$AcademyGifted) **Credit Card:** (Visa MasterCard American Express Discover)
 Account Number: _____ Exp. Date: _____ CCV: _____
 Billing Address: _____
 I, _____, authorize Gifted Academy Educational Center to charge the outstanding balance on my family's Summer Review invoice to the credit card listed above on June 10, 2022 plus the standard 2.9%+\$0.30 processing fee.

9 MEDICAL RELEASE:
 I/We hereby give Gifted Academy Educational Center and/or any hospital personnel, permission to do what they deem medically necessary for my child(ren)'s wellbeing in the case of any emergency that might arise while he/she is at the school or participating in any school related function.
 I/We give permission for our child to take part in all school activities, including music, dance, and school-sponsored trips away from the school premises. In case of accident or serious illness, I/we 1) request the school to contact us, 2) authorize the school to provide necessary medical treatment including hospital emergency room and treatment by physician of choice.

10  _____
 Signature of Parent or Legal Guardian Date
 _____
 Signature of Person Responsible for Tuition (if different from above) Date