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 TRANSPORATION 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 invoice to the credit card listed above on June 11, 2027 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