

ADVANCED ACHIEVERS ACADEMY  
713 WEST PALM DR FLORIDA CITY FL, 33034  
786-504-8992

[myaaaschool@yahoo.com](mailto:myaaaschool@yahoo.com)  
[yeni.lissi.aaaschool@gmail.com](mailto:yeni.lissi.aaaschool@gmail.com)

REGISTRATION FORM  
2017-2018 SCHOOL YEAR

**Section 1: Application**

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade Applying: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

**Parent/Guardian information**

Mother/Guardian: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Marital status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

Student lives with: \_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (explain)

**Emergency Information**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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I hereby authorize the director and staff, representing **Advanced Achievers Academy** to give consent for any and all necessary emergency medical and First Aid care for my child while he/she is in the custody of Advanced Achievers Academy.

Signature of Parent/Guardian: \_\_\_\_\_

**Emergency Contact**

Student will only be released to those persons listed below:

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_  
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Has the student ever been dismissed from any school?

Yes

No

If yes, please provide the reason:

\_\_\_\_\_

Has student ever been evaluated for educational, learning, behavioral, or emotional reasons?

Yes

No

If yes what was the date of evaluation and by whom?

\_\_\_\_\_

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Signature of parent/Legal guardian

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Date

**Required Documents**

- . Registration Form
- . Emergency Contact Form
- . Health Records (Immunization and Physical)
- . Birth certificate *Copy*
- . Social Security *Copy* (Parent's, Student's)
- . Parent ID *Copy*

**Required Documents for Scholarship**

- . Food stamp Approval Letter
- . Last 4 paystubs
- . Social Security and D.O.B for all household members