

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

myaaaschool@yahoo.com
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: _____

ADVANCED ACHIEVERS ACADEMY
713 WEST PALM DR FLORIDA CITY FL, 33034
786-504-8992
myaaaschool@yahoo.com
yeni.lissi.aaaschool@gmail.com
REGISTRATION FORM
2017-2018 SCHOOL YEAR

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# _____
_____ Relationship: _____ Phone# _____
_____ Relationship: _____ Phone# _____
_____ Relationship: _____ Phone# _____
_____ Relationship: _____ Phone# _____

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?

ADVANCED ACHIEVERS ACADEMY
713 WEST PALM DR FLORIDA CITY FL, 33034
786-504-8992
myaaaschool@yahoo.com
yeni.lissi.aaaschool@gmail.com
REGISTRATION FORM
2017-2018 SCHOOL YEAR

Signature of parent/Legal guardian

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