



The Whitaker Christian Academy



Student Name

Last Name: _____ First Name: _____

Middle Initial: _____ Preferred Name: _____

Student DOB _____ Grade Level Applying For _____

Male/Female _____

1. Parent/Legal Guardian

Circle: (Mother / Father / Other) Indicate Other: _____

Last Name: _____ First Name: _____

Middle Initial: _____

Primary Phone #: _____

Email Address: _____

2. Parent/Legal Guardian

Circle: (Mother / Father / Other) Indicate Other: _____

Last Name: _____ First Name: _____

Middle Initial: _____

Primary Phone #: _____

Email Address: _____

Home Address

Street: _____

City: _____ State: _____ Zip: _____

1. Parent/Guardian Employment Information

Employer Name: _____

Employer Phone Number: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

2. Parent/Guardian Employment Information

Employer Name: _____

Employer Phone Number: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Insurance and Medical Information

Primary Physician: _____

Physician Phone Number: _____

Physician Address Street: _____

City: _____ State: _____ Zip: _____

Insurance Provider: _____

Are you willing to allow The Whitaker Christian Academy to call 911 in case of an emergency? Yes or No (circle "yes" or "no")

Emergency Contact Information

CONTACT #1

Full Name: _____

Phone Number: _____

Relationship to Student: _____

CONTACT #2

Full Name: _____

Phone Number: _____

Relationship to Student: _____

Parental Questionnaire:

In what ways are you expecting The Whitaker Christian Academy to serve your unique scholar?

The Whitaker Christian Academy is not just about academia, we are also about the emotional and spiritual wellbeing of the scholar. What areas can we help your scholar to better him or herself?

What are some academic concerns you have regarding your scholar?

The Whitaker Christian Academy believes in the support of the entire family unit, not just academics. We offer Christian counseling sessions (included in tuition), or lending ears. Is there any dynamic you would like to share regarding your scholar or household that can be beneficial to your family's overall growth?

The Whitaker Christian Academy may be able to help provide resources to you as a parent or guardian. Please make a list of items or support areas you may need help with emotionally, spiritually, or financially. We will try our best to help you in that area.

Are there any other challenges or positives you would like to share concerning your scholar that The Whitaker Christian Academy should be aware of?

Parental Signature: _____ Today's Date: _____

Nondiscrimination Policy

The Whitaker Christian Academy, Inc. does not discriminate on the basis of race, color, religion, sex, citizenship, ethnic or national origin, age, disability, medical status, military status, veteran status, marital status, sexual orientation, gender identity or expression, genetic information, ancestry, or any legally protected status in any of its employment practices, educational programs, services or activities.

Release-Pick up Authorization Form

Student Name:

Last: _____ First: _____

Please list three names whom you authorize to pick up your child other than yourself or your spouse. Student will not be released to any individual who is not on this authorized list. For the safety of our students, identification will be checked upon check-out.

Authorized Contact 1

Relation to Student _____

Full Name: _____

Phone Number _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Contact 2

Relation to Student _____

Full Name: _____

Phone Number _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Contact 3

Relation to Student _____

Full Name: _____

Phone Number _____

Address: _____

City: _____ State: _____ Zip: _____

Documentation Needed for Registration:

Please submit these documents in hand to Headmaster Whitaker

- The Whitaker Christian Academy offers homeschool services. Per the GaDoe you will need to register your child at the GaDoe with an online Declaration Of Intent form by September 1st.
- Please provide a copy of the DOI form to The Whitaker Christian Academy upon registration. For more information about the Declaration of Intent, see subsequent last page titled "Declaration of Intent"
- Please provide previous school year's transcripts from your scholar's previous school
- Copy of your scholar's birth certificate
- Copy of Parent ID

The Whitaker Christian Academy Self-Building Sessions

The Whitaker Christian Academy understands that in order for any student to be successful and well-rounded, he/she must have a supportive home environment. WCA believes in not only educating the student, but ensuring the student is surrounded and sheltered by an inclusive village system. The village system includes counseling, parental self-building sessions, and support for our parents and students in a family dynamic. Our Academy Counseling Sessions are:

- Utilized for emotional, spiritual, and traumatic healing
- Use Biblically based counseling from a Christian standpoint
- Is scheduled once a week after school
- Included in the tuition

Please contact Headmaster Whitaker for scheduling details 404-720-3207

Parental Signature: _____ Today's Date: _____

Declaration of Intent

Pursuant to Georgia law (O.C.G.A. § 20-2-690), the following are requirements for home study programs:

- Parents or guardians who wish to teach their children at home in a home study program must annually submit to the Georgia Department of Education a Declaration of Intent to Utilize a Home Study Program by September 1 or within 30 days after a program is established. The Georgia Department of Education will provide for electronic submittal of the Declaration of Intent. Please see the information below on how to submit the Declaration of Intent and the attendance reports.
- The declaration must include the names and ages of the students, the address where the program is located, and the dates of the school year.
- Parents or guardians may teach only their own children in the home study program provided the teaching parent or guardian possesses at least a high school diploma or a general equivalency diploma (GED). Parents or guardians may also employ a tutor who holds at least a high school diploma or a GED to teach such children.
- The home study program must include, but is not limited to, instruction in reading, language arts, mathematics, social studies, and science.
- The school year must include the equivalent of 180 days of at least 4-1/2 hours of instruction per day unless the child is physically unable to comply with this requirement.
- As of July 1, 2013, you are no longer required to submit attendance to the Georgia Department of Education. For driving permits or licenses all that is needed is the Declaration of Intent with a 36 character parent signature. This document replaces the Certificate of Attendance and should be submitted with all other Driver Service's required documents to obtain a driving permit or license.
- Students in home study programs shall be subject to an appropriate nationally standardized testing program administered in consultation with a person trained in the

administration and interpretation of norm referenced tests. The student must be evaluated at least every three years beginning at the end of the third grade. Records of such tests shall be retained.

□ The instructor shall write an annual progress assessment report in each required subject area for each student. These reports shall be retained for at least three years.

□ Upon completion of your intent form, please email a copy to
TheWhitakerChristianAcademy@gmail.com

Declaration of Intent Online Submission Link:

<https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Pages/Home-Study-DOI.aspx>

Parental Signature: _____ Today's Date: _____

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