



APPLICATION FORM: SUMMER SCHOOL 2020

Parents: After seeking the approval of your child's counselor or principal and talking with the ACDS admissions office, please complete the following and return it with the \$75.00 application fee to Atlanta Country Day School, 8725 Dunwoody Place Suite 2, Atlanta, Georgia 30350.

STUDENT'S LEGAL NAME (PLEASE PRINT)

LAST	FIRST	MIDDLE	CALLED
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ADDRESS	STREET	CITY	STATE	ZIP CODE
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HOME PHONE: _____ DOB: _____ SSN: _____

PARENT NAME(S)		
ADDRESS IF DIFFERENT FROM ABOVE		
WORK PHONE		
CELL PHONE		
EMAIL		

SHOULD CORRESPONDENCES BE MAILED TO BOTH PARENTS: _____ YES _____ NO

PERSON RESPONSIBLE FOR TUITION: _____

STUDENT'S CURRENT SCHOOL: _____

ADMINISTRATOR: _____ TITLE: _____

SCHOOL ADDRESS: _____

STREET	CITY	STATE	ZIP CODE
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SCHOOL PHONE: _____ SCHOOL FAX: _____

COURSES: Please list all courses approved for the student to take this summer for credit. Semester credits are earned in three week, half-day sessions. Full year credits are earned in three-week full-day sessions or over two three-week half-day sessions. 100% attendance is expected. Students who miss in excess of 10% of seat time (excused or unexcused) place their credits in jeopardy.

2020 Summer Session dates are as follows: Session 1 (June 1 to June 19), Session 2 (June 22 to July 10), and Session 3 (July 13 to July 31).

COURSE	SEMESTER OR FULL YEAR	SESSION DATE REQUESTED	COMMENT
Ex: Algebra II	Semester	Session 1	Making up 2 nd Semester



MEDICAL INFORMATION: Please list any medical or personal information that may benefit the staff of Atlanta Country Day School. If the student takes medication (including over the counter pain relievers, etc.) during school hours, the medication must be kept in the front office where it will be dispensed at the proper time. All medication must be submitted to the front office and must be clearly labeled with the amount and time of dosage.

IN CASE OF EMERGENCY:

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____
NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____
NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

INSTRUCTIONAL INFORMATION/LEARNING STYLES OR DISABILITIES/CURRENT SCHOOL'S

REQUIREMENTS/ADDITIONAL COMMENTS: Please provide any information that may assist the instructor who will be working with your student, including but not limited to areas of weakness, learning issues, or requests from the current school.

HOW DID YOU LEARN ABOUT ATLANTA COUNTRY DAY SCHOOL? _____

PLEASE READ AND SIGN

I have read and I understand Atlanta Country Day School's summer school policies. I have obtained permission from my child's current school, and I understand the tuition is non-refundable during summer school. Payment is due on or before the first day of each session. Transcripts will not be issued for students with outstanding financial obligations.

I understand daily attendance is required for my child to earn credit for his or her classes and that students who miss in excess of ten percent of seat time place their credits in jeopardy. I understand the Atlanta Country Day School reserves the right to require makeup time for absences or tardies and that this makeup time may be billed at a tutorial rate.

Parent's Signature: _____ **Date:** _____

Atlanta Country Day School maintains a non-discriminatory policy of admissions in regard to race, gender, creed, color, sexual preference, or ethnic or national origin.