Page 1 of 19

Application Chrysalis experiential academy

Please include a picture of your child with the application.

INSTRUCTIONS:

- 1. Application is to be completed by Parent or Guardian. (All information is confidential)
- 2. Send the applicant's current educational records to Chrysalis Experiential Academy, Inc. prior to the interview.
- 3. Both Parents/Guardians must sign the application.
- 4. Include a copy of the child's birth certificate.
- 5. Include a copy of your child's insurance card.
- 6. A non-refundable \$100 Application Fee must accompany this application.

APPLICATION CHECKLIST:

Application
Parent Questionnaire
Emergency Medical Treatment
Emergency Dismissal/Release
Student Health Record
Medical Examination
School Certificate of Immunization
Birth Certificate
School Certificate of Eye, Ear & Dental
Athletic Participation & Daily Activity Trip
Request for Release of School Information
Teacher Recommendation(s)
Technology Code of Ethics Agreement
Copy of Medical Insurance Card

Page 2 of 19

Application



Date of Application:		
Full Legal Name of Applic	cant:	
Preferred Name:	Gender: M / F	Social Security Number:
Street Address:		
City:	State:	County: Zip:
Date of Birth:	Age: Citizenship:	Place of Birth:
		Age: Check if Deceased
Level of Education:	Degree:	Institution Name:
Business:	_	Position:
Address:		Phone HW.
		Cell:
Mother's Name		Age: Check if Deceased
	Degree:	Institution Name:
Business:		Position:

Address:	Phone H W.	
E-Mail:	Cell:	
E-iviali.	Cen.	
Marital Status: Married Single Separ	rated Divorced	
Applicant's Legal Guardians:		
	LJ	
Name of Stepparent (if any)	Age: Check if Deceased	
Level of Education: Degree:	Institution Name:	
Business:	Position:	
Address:	Phone H W.	
Please send financial correspondence to		
Please send school correspondence to		
School student now attending:	Crada: Crada (s) rapastad:	\neg
School student now attenuing.	Grade Grade (s) repeated.	
The first section of the first		
List all schools previously attended (attach extra sheet if neces		
NAME ADDRESS	GRADES DATES ATTENDED	
		_
		-
Application	Page 3 of 1	19
Chrysalis		
experiential academy Parent Questionnaire		
1. How did you learn of Chrysalis Experiential Academy, Inc?		
, , , , , , , , , , , , , , , , , , ,		

2. Write a description of your child. (Use additional sheet if needed.)
3. What are your child's chief strengths?
4. What are your child's areas of greatest need?
5. What are your child's hobbies or interests? In what sports has your child participated?
—— 6. Has your child been diagnosed as having any special needs? ———————————————————————————————————
7. Is your child currently receiving any medication? Yes No 10 Mansell Court East, Suite 500 Roswell, GA 30076 www.chrysalis-academy.org

If YES, describe the condition for and dosage under which it is being given:	If YES, name of medication
9. Is there a history of emotional or behavioral difficulty in relationship to family, peers, or academic setting? Has any evaluation or treatment been conducted in relationship to these problems? Yes No If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	If YES, describe the condition for and dosage under which it is being given:
9. Is there a history of emotional or behavioral difficulty in relationship to family, peers, or academic setting? Has any evaluation or treatment been conducted in relationship to these problems? Yes No If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	
setting? Has any evaluation or treatment been conducted in relationship to these problems? Yes No If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	8. List any medical conditions significant to your child's well-being:
setting? Has any evaluation or treatment been conducted in relationship to these problems? Yes No If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	
Has any evaluation or treatment been conducted in relationship to these problems? Yes No If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	
If YES, please briefly describe below and have the psychologist or psychiatrist involved in evaluation or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	
or treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application will	•
will	
	treatment of these problems submit a report to Chrysalis Experiential Academy, Inc. An application
not be complete until all of this information is provided.	will
	not be complete until all of this information is provided.
Psychologist and/or Psychiatrist	Psychologist and/or Psychiatrist
Address Telephone	•
10. Has the applicant ever been subject to disciplinary action (suspension or dismissal) in any school? Yes _ No _	10. Has the applicant ever been subject to disciplinary action (suspension or dismissal) in any school? Ye
If YES, please give dates and details. (Use additional sheet if needed.)	

—— 11. Has the applicant ever been involved with	law enforcement authorities? Yes No _	_ If YES, please
give		
dates and details. (Use additional sheet if ne	eeded.)	
Application		Page 4 of 1
Chrysalis		
Emergency Medical Treatment Carefully read and complete this page before s	igning this application	
Name:	Date of Birth:	Age:
 Student's Full Legal Name		
Student's Physician:	Phone(s):	
As attested by our signature on this document (emergency, sickness, or accident) involving impractical to contact the parent, or for the Experiential Academy, Inc. to act <i>in loco p</i> assistance, management, or services the standall expenses incurred in providing sure Additionally, I hereby give permission for emergency medical treatment or care by the of a serious emergency, the student will be emergency room. Routine medical treatment relievers and use of hydrogen peroxide/a you do not give permission, see below.	ing the student at a time and/or place to be parent to be present, the parent authorized arentis (in place of parent) to provide we tudent may require. The parent agrees ich needs of the student. The above named student to receive rechrysalis Experiential Academy, Inc. store transported by medical professionals ent or care includes administering non	chat it is orizes Chrysalis whatever care, to pay for any outine or eaff. In the event is to a hospital i-aspirin pain
Insurance Policy Number	Name of Insurance Compan	y
IMPORTANT: If you do not give us per medical treatment, please sign below and		ne or emergency
Signature of Parent or Guardian	 Date	

Reason:		
Zero Tolerance Policy		
By signing this application, we are, again stating not permitted at Chrysalis Experiential Academy Inc. maintains a zero tolerance policy with regar regarding, and paraphernalia associated with), when inappropriate use of technology; and that we Violation of Chrysalis policies will lead to discip Out-of-School Suspension, and/or Expulsion.	y, Inc.; that Chrysalis Experiential d to alcohol, illegal drugs (use of, weapons and violence (verbal and bave discussed these policies with	Academy, positive talk physical), and the our child.
Signature of Student	Date	
Signature of Parent or Guardian	Date	
Application Chrysalis experiential academy		Page 5 of 1
Emergency Dismissal/Release		
In anticipation of the possibility of transportation snow or other causes, we need your cooperation particularly important information in the event of arrangements, serious illness, or accident, and it dismissed early.	in completing and returning this of a change in your transportation	form. This is
Please be sure that the information you provide you list as an emergency contact. In case of emer		ify the person
Name:		
Home Telephone:	_ Work Telephone:	
Address:		

Relationship of party to student:		
If the above named individual is unavailable Experiential Academy, Inc., it is more advantaged Academy Inc., to release my child to the following family (ies):	ntageous, I also authorize Chrysalis Experi	
After completing this entire application, please attack Student Health Record, transcripts, and disciplinary Inc. In addition, please arrange to have copies of rece Chrysalis Experiential Academy, Inc. as quickly as p	y documentation, and mail to Chrysalis Experiential ent educational, psychological, and medical reports n	Àcademy,
I certify that I have read, that I agree with, and the information I have submitted is complete and to communicate in writing any changes in any rethe student has been enrolled. I understand that contained herein or omission of information requeserves the right to revoke any admission to Chrysalis Experiential Academy, Inc. may publisher the property of the contained herein or one of the contained he	nd correct to the best of my knowledge and beli matters contained herein even if such changes of t upon discovery of any inaccuracy of informati quested herein, Chrysalis Experiential Academy hrysalis Experiential Academy, Inc. I also agree	ef. I agree occur after ion 7, Inc. 1 that
Chrysalis Experiential Academy, Inc. admits students privileges, programs, and activities generally accordiscriminate on the basis of race, color, national ana admissions policies, scholarship and loan programs,	ded or made available to students at the school. It do d ethnic origin in administration of its educational p	oes not olicies,
I understand that placement at Chrysalis Experithat there is no specific or implied guarantee the Experiential Academy, Inc. beyond the one-year Parent or Guardian:	at this applicant can be retained by or in Chrysa	
Please Print Signature:	Date:	
Parent or Guardian:	Butc	
Please Print		
Signature:	Date:	
Student Health Record		Page 6 of 19
Chrysalis experiential academy		
Student Health History (To	o Be Completed by Parent or Guardian)	

at the interview. The applicant's physician should complete the Medical Examination, which must be on file prior to the student's admission. Student's Full Legal Name: Birth Date: Illnesses: Please check those illnesses the student has had or to which he/she may be subject to having: __ Appendicitis ___ Backache Bronchitis ___ Constipation ___ Chicken Pox ___ Colds ___ Frequent ___ Severe ___ Earache ___ Diabetes ___ Dizziness ___ Epilepsy (grand mal) ___ Epilepsy (petit mal) ___ Fainting — Hepatitis
— Measles ___ Herpes German Measles ___ Mononucleosis ___ Indigestion ___ Pneumonia __ Mumps ___ Polio Rheumatic Fever ___ Skin Disorder ___ Sinusitis Sore Throat ___ Vomiting ___ Whooping Cough Has the student experienced or is the student subject to having any type of emotional problems? Yes ____ No If YES, please explain: Has the student ever been hospitalized? Yes ___ No ___ If YES, please explain any hospitalizations:_____ Has the student experienced or is the student subject to any type of alcohol or drug use or abuse? Yes If so, Please explain. Does the student smoke? Yes __ No __ If yes, please relate to the applicant that Chrysalis Experiential Academy, Inc. has a no smoking/ no tobacco products policy. Other than any of the typical childhood communicable diseases listed above, has the student ever been diagnosed with any type of communicable disease? Yes __ No __ If yes, please explain. Is the student capable of participating in physical education classes and intramural/interscholastic Yes __ No __ If no, please explain. Does the student have any allergies? Yes __ No __ Is yes, please explain.

Instructions: Parents/Guardian, please complete this form and submit it with the application prior to or

As parent/guardian of the applicant, I attest that the above information is true and accurate to the best of my knowledge. If the applicant is accepted to Chrysalis Experiential Academy, Inc., I grant Chrysalis Experiential Academy Inc. officials permission to secure necessary medical attention at our expense for the above-names applicant in case of an emergency or my absence. Signature of Parent/Guardian	May the student be given over-the-counter medication School personnel? Yes No If yes, please specify if given:	
Medical Examination To be completed by Applicant's Physician Instructions: The information below must be completed by the applicant's physician and returned promptly to: Chrysalis Experiential Academy, Inc. 10 Mansell Court East, Suite 500 Roswell, GA 30076 Phone: 770 649-7077 FAX 678-942-1056 Name of Student	knowledge. If the applicant is accepted to Chrysalis Experier Academy Inc. officials permission to secure necessary medic	itial Academy, Inc., I grant Chrysalis Experiential
To be completed by Applicant's Physician Instructions: The information below must be completed by the applicant's physician and returned promptly to: Chrysalis Experiential Academy, Inc. 10 Mansell Court East, Suite 500 Roswell, GA 30076 Phone: 770 649-7077 FAX 678-942-1056 Name of Student Date of Examination Physical Characteristics Height ft., in. Weight lbs. Complexion Color of Hair Color of Eyes Frame Birthmarks or Distinguishing Features General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	Signature of Parent/Guardian	Date
Instructions: The information below must be completed by the applicant's physician and returned promptly to: Chrysalis Experiential Academy, Inc. 10 Mansell Court East, Suite 500 Roswell, GA 30076 Phone: 770 649-7077 FAX 678-942-1056 Name of Student Date of Examination Physical Characteristics Height ft., in. Weight lbs. Complexion Color of Hair Color of Eyes Frame Birthmarks or Distinguishing Features General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth		Page 7 of 1
To Mansell Court East, Suite 500 Roswell, GA 30076 Phone: 770 649-7077 FAX 678-942-1056 Name of Student Date of Examination Physical Characteristics Height ft., in. Weight lbs. Complexion Color of Hair Color of Eyes Frame Birthmarks or Distinguishing Features General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	Instructions: The information below must be complete	
Physical Characteristics Height ft., in. Weight lbs. Complexion Color of Hair Color of Eyes Frame Birthmarks or Distinguishing Features General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	10 Mansell Court Roswell, G	East, Suite 500 A 30076
Height ft., in. Weight lbs. Complexion Color of Hair Color of Eyes Frame Birthmarks or Distinguishing Features General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	Name of Student	Date of Examination
Birthmarks or Distinguishing Features General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth		plexion Color of Hair
General Health Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	Color of Eyes Frame	
Please place a check by any of the following in which there are abnormalities or areas of concern: Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	Birthmarks or Distinguishing Features	
Face Head Eyes/Vision Peripheral Vision Ears Nose Mouth	General Health	
· · · · · · · · · · · · · · · · · · ·	Please place a check by any of the following in which t	here are abnormalities or areas of concern:
Blood Pressure Neck Chest Heart Abdomen Back Rectum	Face Head Eyes/Vision Peripheral Vis	ion Ears Nose Mouth
GU Hearing Secondary Characteristics Extremities Reflexes		

Explanation of any of the above items:

_ Psychological factors (known or observed) ____ Blood ___ Urinalysis ___ Immune system

ammary and Impression	ıs:			
_				
ecommendations:				
essions?	edge, is this pers	son physically capable	of participating in physical education	n
essions?	edge, is this pers	son physically capable	of participating in physical education	n
essions?	edge, is this pers	son physically capable	of participating in physical education	n
essions?	edge, is this pers	son physically capable	of participating in physical education	n
essions?	edge, is this pers	son physically capable	of participating in physical education	n
o the best of your knowlessions?YesNo (Explain)	edge, is this pers	son physically capable	of participating in physical education	n
essions?YesNo (Explain)		son physically capable		n
essions? Yes No (Explain)				n
essions? Yes No (Explain)				n
essions?YesNo (Explain)				n
essions?				n

Georgia Department of Human Resources

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Student's Name				Date of Birth			
Parent's Na	me						
Date of Cert		1 ON THAT					_
attending so	chool OR to ce	used ONLY to rtify a medica before comple	l exemption. I	The requireme			
Vaccine	Total # Doses	Date	Date	Date	Date	Date	Date
DTP							
PED DT							
Adult TD							
OPV							
IPV							
MMR							
Measles							
Mumps							
Rubella							
Нер-В							
Series							
Printed, typ	ed, or stampe	d name and ac	ldress:				
Certified by	:				Date	e:	
		 censed Physician					
County Hea		nt:					
•	_						
Health Cent	ter:						

Older versions of this form already on file for children in school should not be replaced. Form 3032 (rev. 10-90)

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Georgia Department of Human Resources School Certificate of Immunization



SCHOOL OFFICIAL:

This form must be kept on file and available for inspection by health officials as long as the child attends your school. If the child transfers to another school, forward this certificate to the new school.

PHYSICIAN:

The Georgia Department of Human Resources endorses the recommended immunization schedules of the American Academy of Pediatrics Report of the Committee on Infectious Diseases. (<u>The Red Book</u>) and the Advisory Committee of Immunization Practices (ACIP) of the Public Health Service. That which appears below is not an optimal schedule.

IMMUNIATION REQUIREMENTS (MINIMUM STANDARDS) FOR ISSUANCE OF THE GEORGIA SCHOOL IMMUNIZATION CERTIFICATE (FORM 3032) AND ATTENDANCE AT GEORGIA SCHOOLS.

DIPHTHERIA, TETANUS, AND PERTUSSIS:

At least three doses of **DTP**, **DT** (Pediatric), or **TD** (Adult) or any combination thereof with the last dose given after the fourth birthday.

POLIOMYELITIS:

<u>At least three doses</u> of trivalent oral polio vaccine **(TOPV) OR** at least three doses of enhanced potency polio vaccine **(EIPV) OR** a combination of at least three doses of **EIPV** and **TOPV**. The last dose of polio vaccine must have been given after the fourth birthday.

MEASLES, MUMPS, AND RUBELLA:

One dose each of live virus vaccines given after the first birthday. They may have been given as MMR or MR and/or single antigen vaccines.

OR

For measles and rubella only, standard laboratory confirmation of the presence of presumable protective levels of antibodies. If antibodies have been detected, the words "**Positive Test**" should be written in the column for Total Doses and the date of the test written in the first column for Date.

MEDICAL EXEMPTION:

The Medical Exemption should be checked only when there is a physical disability or condition which contraindicates immunization. That includes pregnancy and long-term use of medications such as steroids. The Medical Exemption should not be checked for reasons of short-term illness or because the child must wait for the lapse of appropriate intervals between doses of **DTP/DT/TD, MMR**, or polio vaccines.

REFERENCES:

Official Code of Georgia Annotated, Section 20-2-771, Rules of the Department of Human Resources, Division of Public Health, Chapter 290-5-4, and the Georgia Immunization Program Manual.

Form 3032 (Rev. 10-90) Reverse Side

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Georgia Department of Human Resources School Certificate of Eye, Ear & Dental Chrysalis

INSTRUCTIONS

TO THE EXAMINER:

- 1. Make certain identifying information is properly filled in.
- 2. Make certain the appropriate section of the certificate is filled in for the examination performed.
- 3. When any or all examinations indicate that the child "needs further professional attention":

The appropriate report form will be supplied by the county health department for private practitioner to fill in and return to the health department in the county of child's residence.

TO THE SCHOOL:

- 1. When any portion of a certificate indicates that the child "needs further professional attention" and it appears that the child has not had attention, this information should be made available to the county health department.
- 2. When a <u>"Provisional Certificate"</u> is indicated this information should be made available to the county health department.

TERMS DEFINED:

Examination means an appropriate method of inspection./

<u>Screening Test Passed</u> means to pass a standardized inspection for sorting out those who meet specific requirements.

Examiner means one who is qualified to perform appropriate inspections or tests.

<u>Private Practitioner</u> means one who is in the private practice of dentistry, medicine or a related specialty and licensed under the laws of Georgia.

<u>Provisional Certificate</u> is one issued when in the opinion of a physician a physical disability contraindicates the performance of one or all required examinations. Such certificates will be subject to review.

<u>Special Certificate</u> is one issued when a conflict with belief and practices exist. The parents' affidavit to this effect shall be filed with the county health department.

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Georga Department of Human Resources CERTIFICATE of EAR, EYE and DENTAL EXAMINATIONS

TO BE FILED WITH SCHOOL AT TIME OF CHILD'S ENROLLMENT
This is to certify that the child identified here has received or been excused
for special or provisional reasons from receiving EXAMINATIONS, TESTS or INSPECTIONS.

;HILD;	CHILD'S NAME First Mi	Middle Last		DATE OR BIRTH Mo Day Yr
COCAL	OCAL RESIDENCE (street & Number, P.O. Box, Route, Ect.)		SCHOOL	SEX
SITY		STATE & ZIP CODE	COUNTY	Male Fem ale RACE
PARENT	PARENT'S NAME		ADDRESS (Street or R, F, D. No., City or Town, State)	□ White □Black □Other Γown, State)
	EYE-VISION		DENTAL	
	Screening Test Needs Further Professional Examination Special Certification Provisional Certification	Passed on	☐ Normal Apperance ☐ Needs Further Professional Attention ☐ Special Certification ☐ Provisional Certification	☐ Observed Problem tertion
	Examination County Health Done By Volunteer Organization Private Practitioner	Date	Examination County Health Done By Private Dentist	Date
	Examiner's Signature Title	EX	Examiner's Signature Title	a
	EAR-HEARING			
	Screening Test Needs Further Professional Examination Special Certification Provisional Certification	∏ Passed kion	FOR INFORMATION: CONTACT YOUR COUNTY HEALTH DEPARTMENT OR	EPARTMENT OR
I	Examination County Health Done By Volunteer Organization Private Practitioner	Date	YOUR PRIVATE PRACTITIONER	ONER
<u> </u>	Examiner's Signature Title			
_				

m 3300 (Rev. 6-98)

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Athletic Participation & Daily Activity Trip Chrysalis

Please Read: When signed, this form instructs Chrysalis Experiential Academy, Inc. in which athletic events or physical education activities your son/daughter <u>may participate</u>. The form also provides permission for Chrysalis Experiential Academy, Inc. to act on your behalf when your son or daughter is on an activity trip and medical attention is needed. Chrysalis Experiential Academy, Inc. encourages each student to participate to the best of his/her ability in the various activities offered by Chrysalis Experiential Academy, Inc.

Print Student's Full Legal Name	Date of Birth

Adherence to Rules and Regulations/ Authorization and Agreement

Please read (Parent and Student):

As attested by our signature/s, I understand and agree to conform to all the rules and regulations governing students of Chrysalis Experiential Academy, Inc. while on an activity, trip, or weekday activity. I understand that the breach of any of these regulations may result in disciplinary action up to and including dismissal from Chrysalis Experiential Academy, Inc.

Understanding that my child may need emergency medical treatment during the hours when he/she attends or participates in Chrysalis Experiential Academy, Inc. activity trips and school-sponsored weekday trips, I authorize Chrysalis Experiential Academy, Inc. personnel to administer such first aid or other minor medical treatment as such person shall deem best under the circumstances. I further authorize Chrysalis Experiential Academy, Inc. and its employees or agents to seek further medical treatment for my child should such employee or agent deem it necessary under the circumstances. I consent to all such medical treatment and agree to be financially responsible for the same.

I also understand that medical insurance is not provided by Chrysalis Experiential Academy, Inc. and the responsibility for providing such coverage rests with me as parent or legal guardian for my child. To my knowledge, my son/daughter has no injuries or illnesses that will hinder his/her participation in these activities. If so, I am providing the information on the back (blank space) of this form. In the event there is an injury or illness that would restrict my child's participation in any activity or trip, I will immediately notify Chrysalis Experiential Academy, Inc. personnel in writing.

I also give my child permission to participate in all daily activity trips planned by Chrysalis Experiential Academy, Inc. I allow my child to be transported by myself, another parent, or a Chrysalis Experiential Academy, Inc. faculty member.

My son/daughter and I further agree to release Chrysalis Experiential Academy, Inc. and its employees and agents from all liability for injury to person or property sustained by my child from participation in Chrysalis Experiential Academy, Inc.'s physical education, intramural, interscholastic, school-sponsored trips, or extracurricular activity programs.

I hereby state that I have read, understand, and will comply with all of the foregoing requirements and regulations.

Signature of Parent/Legal Guardian	Date
Signature of Student	Date
Request for Release of School Information Chrysalis experiential academy	Page 13 of 19
Note to Parents or Guardian: Please fill out this form and send it directly to the la attended by your child. (Do not return this form to Chrysalis Experiential Ac	
I hereby authorize	
(Name of School) to release information from the record of	
(Full name of child) to Chrysalis Experiential Academy, Inc. It is understood that the information released confidential.	will remain
Parent's or Guardian's Signature: D	Oate:
Note to School: A request has been made to Chrysalis Experiential Academy, Inc. to pro services for the above-named child. We would appreciate having from your files all mabe helpful in working with this student.	
Please send copies of such materials to the following:	
Chrysalis Experiential Academy, Inc. 10 Mansell Court East, Suite 500 Roswell, Georgia 30076	

School Information Requested:

- 1. Grade Record
- 2. A copy of all psychological evaluations, including the following test scores:
 - a. Group and individual Intelligence Tests (including Profile Sheets).
 - b. Achievement Tests: Reading, Spelling, and Arithmetic
 - c. Any other tests given.
- 3. Individual Education Plan (if applicable).
- 4. Teacher, Guidance Counselor, and/or other staff comments: use recommendation form.
- 5. Discipline Records.
- 6. Health Record.
- 7. Attendance Record.
- 8. Transfer Records.
- 9. Any available dated samples of child's work.

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Request for Release of School Information

Note to Parents or Guardian: Please fill out this form and send it directly to the last school attended by your child. (**Do not return this form to Chrysalis Experiential Academy, Inc.**)

I hereby authorize	
(Name of School)	
to release information from the record of	
(Full name of child) to Chrysalis Experiential Academy, Inc. It is understood that the information released v	will remain
confidential.	
Parent's or Guardian's Signature: Da	ate:

Note to School: A request has been made to Chrysalis Experiential Academy, Inc. to provide educational services for the above-named child. We would appreciate having from your files all material that might be helpful in working with this student.

Please send copies of such materials to the following:

Chrysalis Experiential Academy, Inc. 10 Mansell Court East, Suite 500 Roswell, Georgia 30076

School Information Requested:

- 10. Grade Record
- 11. A copy of all psychological evaluations, including the following test scores:

- a. Group and individual Intelligence Tests (including Profile Sheets).
- b. Achievement Tests: Reading, Spelling, and Arithmetic
- c. Any other tests given.
- 12. Individual Education Plan (if applicable).
- 13. Teacher, Guidance Counselor, and/or other staff comments: use recommendation form.
- 14. Discipline Records.
- 15. Health Record.
- 16. Attendance Record.
- 17. Transfer Records.

•

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Is the applicant currently involv		vities? If yes, please explain:	· ·	□ No
Would the applicant take advan	ntage of such activities in the	e future if offered?	 	□ No
Do you have any reason to question the applicant's academic or personal integrity? If yes, please explain.			Yes	s 🗌 No
Areas in which the applicant ha				
	as the greatest needs:			
Describe the ways the applicant		community: (character, citize		
	,			***
Please describe parental suppor	t/involvement:			
· .				
		al Characteristics and Q		
Peer Relations		al Characteristics and O	ualities	_
Relationships with adults	Person role model courteous	al Characteristics and O healthy relationships usually positive	ualities occasional problems occasional problems	☐ relates poorly ☐ shows little res
	Person Trole model	al Characteristics and Q	ualities ☐ occasional problems	☐ relates poorly
Relationships with adults Displays appropriate conduct	Person role model courteous good conduct	al Characteristics and O healthy relationships usually positive usually good conduct	ualities occasional problems occasional problems occasional misconduct	relates poorly shows little res poor conduct
Relationships with adults	Person role model courteous good conduct highly trustworthy very considerate	al Characteristics and O healthy relationships usually positive	ualities occasional problems occasional misconduct usually trustworthy usually considerate	☐ relates poorly ☐ shows little res ☐ poor conduct ☐ questionable
Relationships with adults Displays appropriate conduct Integrity Concern for others Warmth of personality	Person role model courteous good conduct highly trustworthy very considerate always friendly	al Characteristics and O healthy relationships usually positive usually good conduct trustworthy considerate usually friendly	ualities occasional problems occasional problems occasional misconduct usually trustworthy usually considerate occasionally friendly	☐ relates poorly ☐ shows little res ☐ poor conduct ☐ questionable
Relationships with adults Displays appropriate conduct Integrity Concern for others Warmth of personality Sense of humor	Person role model courteous good conduct highly trustworthy very considerate always friendly highly developed	al Characteristics and O healthy relationships usually positive usually good conduct trustworthy considerate usually friendly good	ualities occasional problems occasional misconduct usually trustworthy usually considerate	relates poorly shows little res poor conduct questionable rarely considers
Relationships with adults Displays appropriate conduct Integrity Concern for others Warmth of personality Sense of humor Spirit of cooperation	Person role model courteous good conduct highly trustworthy very considerate always friendly highly developed always cooperates	al Characteristics and O healthy relationships usually positive usually good conduct trustworthy considerate usually friendly good good cooperates	ualities occasional problems occasional problems occasional misconduct usually trustworthy usually considerate occasionally friendly fair humor occasionally cooperates	relates poorly shows little res poor conduct questionable rarely consider rarely friendly poorly develop
Relationships with adults Displays appropriate conduct Integrity Concern for others Warmth of personality Sense of humor Spirit of cooperation Citizenship	Person role model courteous good conduct highly trustworthy very considerate always friendly highly developed always cooperates excellent	al Characteristics and O healthy relationships usually positive usually good conduct trustworthy considerate usually friendly good cooperates good	ualities occasional problems occasional problems occasional misconduct usually trustworthy usually considerate occasionally friendly fair humor occasionally cooperates fair	relates poorly shows little res poor conduct questionable rarely consider rarely friendly poorly develop poor cooperatio
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Technology Code of Ethics Agreement Chrysalis

Computers and other forms of technology are an important part of the academic environment at Chrysalis Experiential Academy, Inc. Students must use technology in a responsible manner. In order to ensure that all students and parents understand our policies, we ask that parents review the following Technology Code of Ethics with their children. After this form has been signed and returned to Chrysalis Experiential Academy, Inc., students will be permitted to use computers/technology at Chrysalis Experiential Academy, Inc.

Technology Code of Ethics

- 1. It is Chrysalis Experiential Academy, Inc.'s policy that students shall not alter or attempt to alter company or private property including technology hardware and software. Students shall not:
 - a. Change desktop settings or control panels on computers
 - b. Remove or damage mouse tracking balls, keyboard keys, cables, connectors, network jacks or any other hardware
 - c. Modify computer software
 - d. Damage computer disks, CD-ROM's, videotapes, laser discs, or other media.
- 2. It is Chrysalis Experiential Academy Inc.'s policy that students shall not bring computer software and/or disks to any Chrysalis Experiential Academy, Inc. site to be used on company computers without the prior approval of a Director or an instructor. Chrysalis Experiential Academy Inc. discourages bringing software from home. In many cases, such usage would be a violation of copyright laws. We also intend to prevent the spread of computer viruses.
- 3. Students will not violate the copyright laws concerning computer software and the use of digital images, sounds or other data. Students will not make or use illegal copies of software. Students will be asked to provide bibliographic references when using digital information.
- 4. Students will not attempt to learn or use any computer security passwords.
- 5. Students may be asked to provide new, blank 3.5" diskettes to store their work. They are responsible for the care of their disks and are not allowed to share disks with other students.
- 6. The consequences for violating the above policies are listed in the Parent/Student Handbook. Chrysalis Experiential Academy, Inc. considers abuses of these policies serious offenses.

By reading the above statements and signing below, parents are giving their permission for their children to have access to Internet resources while enrolled in Chrysalis Experiential Academy, Inc. programs. By reading the above statements and signing below, students are agreeing to abide by these guidelines.

Students are permitted to use the Internet only for educational purposes and only under direct supervision by Chrysalis Experiential Academy, Ind. Staff. Some material on the Internet may not be of educational value. Families need to be cognizant that some material obtained via the Internet may be controversial, offensive, or inappropriate for children. We firmly believe, however, that the benefits to students from Internet use far outweigh the possible risks of accessing inappropriate material.

The use of the Internet is a privilege, not a right. Inappropriate behavior may lead to the revocation of this privilege as well as to possible disciplinary action. The decision as to what is appropriate will be made by the Chrysalis Experiential Academy, Inc. employee/instructor.

Student Name:		
Parent: the	I hereby give my permission for	to access information on

of Internet privile	eges and/or discipli	this privilege by my child nary action. Is to the Internet with Chrys		
Academy, Inc.	Clina to have access	s to the internet with City.	sans Experien	uai
Parent Signature	Date	Student Signature		– Date
Annual Admission Date Chrysalis	ta			Page 17 of 19
experiential academy	CONFIDENTIAL	INFORMATION		
CHILD Full Legal Name:		Preferred Na	me:	
Previous School Attended:		Age:	_ Birth d	ate:
// Complete Home Address:				Zip:
 Insurance Company:			Policy Number	er:
utmost importance. MOTHER OR GUARDIAN	PART I: EM May pick-up child?	ERGENCY LOCATOR yes no (circle one)		
Legal Name:		Preferred Nan	ne:	
Home Address:		Zip:	_ Phone:	
Occupation:		Employer:		
Business Address:		Zip:	_ Phone:	
E-Mail:		Cell Phone:		
FATHER OR GUARDIAN		yes no (circle one)		
Legal Name:		Preferred Nam	ne:	
Home Address:		Zip:	_ Phone:	
Occupation:		Employer:		
Business Address:		Zip:	_ Phone:	

E-Mail:	Cell Phone:
STEPPARENT May pick-up child? yes	s no (circle one)
Legal Name:	Preferred Name:
Home Address:	Zip: Phone:
Occupation:	Employer:
Business Address:	Zip: Phone:
E-Mail:	Cell Phone:
STEPPARENT May pick-up child? yes	s no (circle one)
Legal Name:	Preferred Name:
Home Address:	Zip: Phone:
Occupation:	Employer:
Business Address:	Zip: Phone:
E-Mail:	Cell Phone:
may be reached during the time your child is in s B. Persons the School may contact in an emerger all may pick-up my child; the school will abide	ncy if those persons listed above cannot be reached (they
2. Annual Admission Data Chrysalis experiential academy	Page 18 of 19
PART 2: D	DISEASES & ILLNESSES

GEORGIA STATE LAW REQUIRES your child have a certificate of immunization on file at this school prior to his/her first day of attendance. This certificate can be obtained from your child's doctor.

	ication required on a scl	heduled basis? If so, what types? (List)
	•	escribing
Hyperacti	our child suffer from an vity Learning Disab	ny of the following? Diabetes Epilepsy Asthma bilities Attention Deficit Disorder Other Allergies or Illnesses
 D. Is there	e any need to restrict you	our child's physical activity? If so, please explain:
		g you feel we need to know which will help us protect the health and Attach a separate sheet of paper if additional space is needed.
I.	SIBLINGS	PART 3: OTHER FAMILY MEMBERS
	NAME	AGE
1.		
2.		
3.		
4.		
II.		OR OTHER PERSONS YOU WOULD LIKE INCLUDED ON
Name		E-Mail:
Home	e Address:	Zip: Phone:
Name		E-Mail:
		Zip: Phone:

		E-Mail:		
Home Address:		Zip:	Phone:	
privileges, programs, and ac on the basis of race, color, na	demy, Inc. admits students of ctivities generally accorded or ational and ethnic origin in ac ms, and athletic and other sch	made available to students at dministration of its education	t the school. It does not	discriminate
Annual Admission Chrysalis experiential academy	ı Data			Page 19
	PART 4: SP	ECIAL PERMISSIONS		
DIRECTIVE Ve, the undersigned paren	ıts or guardian, authoriz	e the following regardir	ng our above-name	d child:
ICK-UP				te:
our child can be released fi Chrysalis Experiential Aca		DLIONE	RELATION	SHIP
	ADDRESS	PHONE		
Thrysalis Experiential Aca NAME	ADDRESS	PHONE		
Thrysalis Experiential Aca NAME 	ADDRESS	PHONE		
Thrysalis Experiential Aca NAME 	ADDRESS	PHONE		

times, and places, as appropriate.

ACCIDENT OR ILLNESS

Should your child become ill or have an accident and it is the opinion of Chrysalis Experiential Academy, Inc. authorities that he/she requires a physician's attention and Chrysalis Experiential Academy, Inc. is unable to locate us, then the physicians named below, in order of preference as listed, may be authorized by Chrysalis Experiential Academy, Inc. authorities to attend our child. 1. * Dr.

2. Dr.	
- 3. Dentist	
*Note: This should be the doctor who maintains your child's medical records.	

EMERGENCY

In the event the administration of an anesthetic or the performance of emergency surgery is necessary (as, for example, in the setting of a broken bone), and neither of the undersigned is available to give permission, then we the undersigned parents or guardians, authorize and empower a representative of Chrysalis Experiential Academy, Inc. to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery on our child.

AUTHORIZING SIGNATURES

We have read "Part 4" above and give our permission as stated. We also attest that all information provided in "Part 1," "Part 2," and "Part 3" of this form is correct to the best of our knowledge. Finally, we acknowledge that we are still in agreement with the Technology Code of Ethics, Zero Tolerance Policy, and give permission to photograph and film our child for school purposes.

Signature of Person Completing This Admission Form:	
Relationship to the Student:	
Signature of Other Parent of Guardian:	