7165 Turner Lake Circle Covington, GA 30014

Phone: (770) 282-7335 Fax: 678-658-6141



Enrollment Application

			Student	Information			
Full Name:	Last		First		Middle		
	Lasi		Filst		Middle		
Address:	Street Address					Apartment/Unit #	
	City			State		ZIP Code	
Previous Sch	ool (if any):				Last Grad	de Completed:	
Current Age:		Date of Birth:					
Is your child I Speaking(LEI	Limited English	YES	NO	What is yo	our child's	ethnicity?	
		YES	NO	Black/African American		Caucasian/White	
	ild have an IEP?	Ц	Ш	American Indian/Alaskan		Hispanic	
Has your child been identified as gifted/talented?		YES	NO	Asian		Other	
List your child's educational strengths				List your child's educational weaknesses			
Please share	any special talents or	interests your child	has				
							_
			Parents	/Guardians			
Parent Name							
Relationship:	Last			First			
Address: If different	Street Address					Apartment/Unit #	
	City			State		ZIP Code	
Phone:		Fmail:					

Parent Name:					
La	st	First			
Relationship:					
Address:					
If different Street Ad	ddress			Apartment/Unit #	
Phone:	Email:				
Emergency Contact	Name:	First			
D. 1.1.					
Relationship:		Phone			
Emergency Contact	Name:				
3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	Last	First			
Relationship:		Phone			
	A	dditional Information			
Number of siblings a	pplying or already enrolled:				
How did you hear abo	out TAG Prep? (check all that apply)	Please give the name of the person	n who referred you if	f any.	
☐ Online search	☐ Visiting TAG Church	☐ Friend or Relative			
_ Offinite scarcif	☐ Visiting 17.0 Charch	Thend of Relative	-		
☐ Flyer	☐ Social Media	☐ Other			
What are your reason	ns for choosing TAG Prep?				
_		Media Release	_	_	
		Media Nelease			
I understand that per	iodically, TAG Prep will use pictures	taken of students without complete	names for web base	ed uses such as the TA	ıG
Prep website, social manner.	media and/or for various printed pro	motion publications. I grant permission	on for pictures of my	child to be used in this	S
manner.					
Signature:			Date:		
	Dis	sclaimer and Signature			
			, , ,		, ,
		the best of my knowledge. I have atement of Cooperation and Agr			
		no interruptions in my child's ed			
•					
Signature:			Date:_		
Print Name:					
				Office Use only	
			Status: Registration Paid	Accepted Waitlist School Year	Denied
			i togioti attori i alu	John Gal	