

# THE LINK SCHOOL

3891 Nance Road

Acworth, GA 30101

Phone: 404-558-9809

[www.thelinkschoolacworth.org](http://www.thelinkschoolacworth.org)

## Admissions Checklist

- Immunization Records
- Hearing, Vision and Dental Check
- IEP
- School Transcripts
- Application Packet
- \$150 application fee
- Scholarship Award letter



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## Enrollment Form

Enrollment Date: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's sex: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Primary Custody

Shared Custody

Student resides with both parents

Parent/Guardian First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I give The Link School permission to release my phone number to other Link School parents    yes  no

Primary Custody

Shared Custody

Student resides with both parents

Parent/Guardian First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I give The Link School permission to release my phone number to other Link School parents    yes \_\_\_\_\_ no \_\_\_\_\_

## **In Case of an emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Emergency Information**

Child's Full Name: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all medical conditions (aside from Learning Differences): \_\_\_\_\_

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## **MEDICAL ALERT INFORMATION**

Is your child allergic to any medication? (If yes, please describe the allergy and reaction: \_\_\_\_\_

Is your child allergic to any foods? (If yes, please describe the allergy and reaction: \_\_\_\_\_

Does your child require the use of an Epi-Pen should he/she have an allergic reaction? \_\_\_\_\_

Please list all recommended treatments: \_\_\_\_\_

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## **PLEASE LIST ALL MEDICATIONS TAKEN BY THE STUDENT *AT HOME* ON A REGULAR BASIS:**

Medication: \_\_\_\_\_ For Treatment of: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ For Treatment of: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ For Treatment of: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ For Treatment of: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

All requests for administration of prescription or over the counter medication to be administered by The Link School staff, must be completed on the medication check in form and submitted to the front office. All medications must be in original packaging with proper labeling. Any over-the-counter medication administered for more than five consecutive days requires a physicians note. All medications, prescription and over-the-counter, must be kept in the office in a lock box.

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## Student Pick-up

My child, \_\_\_\_\_, Teacher \_\_\_\_\_

May be picked up from The Link School by:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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These people **may not** pick up my child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Parent Signature

Date

*Please note: We may require a picture ID when someone other than you pick up your child*

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## General Waiver

My signature below verifies that I/We \_\_\_\_\_

Name of Parent/Legal Guardian

Is/are the legal guardian(s) of \_\_\_\_\_

Name of Student

And that as such is under my/our control and in my/our custody. I desire my/our child to participate in any and all activities and/or go on any and all field trips, along with staff, students, and volunteers of The Link School, during the school year. In consideration of said child being permitted to make such trips or take part in such activities and the instruction my/our child will receive by reason thereof, I hereby release The Link School, the directors, teachers, and employees, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engages in such activities.

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Parent/Guardian Signature

Date

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## Release and Consent Form

This parental consent form serves to both inform you and to request permission for your child's photo/image or likeness, voice or creative work(s) to potentially be used by The Link School on its web site, school management system, or on a CD or any other electronic/digital media or print media. This may also include advertising brochures, and other media promoting and advertising services of The Link School.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a school do want to celebrate your child and his/her work.**

Therefore, The Link School will not release the following personally identifiable information.

Last names of students, residential address, email addresses, phone numbers, locations and times of field trips and we will not post any student pictures on any social media site such as Facebook, Instagram, Twitter, MySpace, etc.

As the child's parent or legal guardian, I agree to release and hold harmless The Link School, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability resulting from such use.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month                      Year

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Director.

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Student Information Release Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

To: \_\_\_\_\_

Phone: \_\_\_\_\_

*Name of last school attended*

\_\_\_\_\_ Fax: \_\_\_\_\_

*Address*

\_\_\_\_\_  
*City, State, Zip*

The student listed above recently enrolled at The Link School and reported to us that they formally attended your school. The following information would be helpful to us in assessing placement and progress.

Check the information to be release:

Copy of birth certificate and Social Security Card

Vision/Hearing Evaluation

Educational Evaluations

Individual Educational Plan (IEP)

Psychological Evaluation

Social/Developmental History

Speech/Language Evaluation

Standardized Test Data

Transcript of Grades

Immunizations/Health Records

Other (specify) \_\_\_\_\_

Please send these records as soon as possible to :

The Link School

3891 Nance Road

Acworth, Ga 30101

Permission for release of records for the above named student is granted.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date