Southland Academy Student Application

2022-2023

Please Print

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ **Name Called** _____

Grade for **2022-2023** _____ Age _____ Birth date _____ Sex _____ Social Security Number _____

Mailing Address _____ City _____ Zip _____ County of Residence _____ Home Phone # _____

Physical Address (If mailing address is P.O. Box) _____

FATHER'S INFORMATION

Lives with student? Yes ____ No ____ **Receive School Related Info?** Yes ____ No ____

Father's Full Name: _____ Name called: _____

Father's Mailing Address: _____
(If different than students) Street City Zip

Is Father a Southland Alumnus? Y or N If yes, year graduated from Southland _____

Father's Employer: _____ Work Phone # _____

Father's Home Phone: _____ Cell # _____

Father's Primary Email: _____

MOTHER'S INFORMATION

Lives with student? Yes ____ No ____ **Receive School Related Info?** Yes ____ No ____

Mother's Full Name: _____ Name called: _____

Mother's Mailing Address: _____
(If different than students) Street City Zip

Is Mother a Southland Alumnus? Y or N If yes, year graduated from Southland _____

Mother's Employer: _____ Work Phone # _____

Mother's Home Phone: _____ Cell # _____

Mother's Primary Email: _____

(CONTINUED ON BACK PAGE)

GUARDIAN (If Applicable) **Lives with student?** Yes _____ No _____ **Receive School Related Info** Yes _____ No _____

Relation to Student _____

Full Name: _____ Name Called: _____

Mailing Address: _____
(If different than students) Street City Zip

Southland Alumna? Y or N If yes, year graduated from Southland _____

Employer: _____ Work Phone # _____

Home Phone: _____ Cell # _____

Primary Email Address: (1) _____

Alternate Email Address: (2) _____

EMERGENCY CONTACT INFORMATION (other than parent)

Contact #1: _____ Phone # _____

Contact #2: _____ Phone # _____

MEDICAL CONDITIONS

Does this student have any chronic medical problem such as asthma, diabetes, allergies, ADHD, etc., which may affect the student in any way at school or which may at any time require the attention of school personnel?
Yes _____ No _____ If yes, please explain condition in detail and include all medication applicable _____

PUBLICITY

_____ **Yes,** I give permission to publish photographs taken of my child during school activities in school newsletters, Southland Academy's and/or the Georgia Independent School Association's website (of which we are a member), and local newspapers. The school will not use the photographs for any purpose other than for the general promotion of education and our school.

_____ **No,** I would prefer my student's photograph not be used in any publication and/or on the school's website. (This does not include the Southland Academy Yearbook.)

REFERRAL

Our family was referred to Southland Academy by _____.

SIGNATURE: _____ **DATE:** _____