Nsoromma School

P.O. Box 311606, Atlanta, GA 31131-1606

404-755-4994 | info@nsoromma.org

www.TripleThreatTestPrep.com | www.nsoromma.org



**APPLICATION FOR ADMISSION TO**

**STUDY SKILLS FOR SUCCESS CLASS**

***Place cursor in the gray box to highlight it, and begin typing. It will adjust to the contents.***

Student's Name:        Female    Male    Date:

Date of Birth:        Age:       Grade:       School:

Parent(s)/Guardian(s)

Home Address:        City:       Zip:

Parent’s Phone:       Alternate Phone (can be parent’s or student’s):

Parent E-mails that are checked regularly

Student E-mail that is checked regularly

**ACADEMIC INFORMATION:**

Please give approximate grades from most recent report card.

Math      English/Language Arts       Science       Social Studies

Has the student ever had learning or behavioral challenges or issues that required tutoring, counseling, special classes, etc.?       If yes, please describe.

What other information do you feel we need to know? (physical, medic

       al, academic, etc.) .

**NOTE:** This information is very important in helping us to determine how we can best meet your child’s needs in this class.

***Please sign on reverse side***

Student Name:

I certify that all of the information in this application is true and complete to the best of my knowledge and that I have not intentionally falsified or misrepresented any information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (Required if student is 18 yrs old) Date

       \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Please print) Signature Date

**PERMISSIONS**

I hereby grant permission for me/my child to participate in the Nsoromma School, Inc.’s Study Skills for Success class. I hereby agree to hold harmless and release Nsoromma, its officers, directors, employees, students and representatives (“Releases”) from any claims of damage arising from my child’s participation in the program. I have signed this release with full recognition and appreciation of the risks of such activities, including risks associated with transportation to and from Nsoromma School, Inc.

I agree that Nsoromma School, Inc. personnel are granted permission to authorize emergency medical treatment if necessary and that such action by persons shall be subject to the terms of this release. I understand that Releases assume no responsibility for any injury or damage that might arise out of or in connection with such emergency medical treatment I further agree that this consent and release shall be construed in accordance with the laws of the State of Georgia. If any term or provision of this consent and release shall be held illegal unenforceable or in conflict with any law governing this consent and release, the validity of the remaining portions shall not be affected.

***Media Release****:* I grant my permission to The Nsoromma School, Inc., its representatives, employees or to those whom permission is granted by The Nsoromma School, to make motion or still pictures and television and video tapes including website uploads of these in which I/my child may appear. I understand that no payment whatsoever will be made to either my child or myself for his/her appearance in these films, photographs or tapes. It is further understood that these films, photographs and/or tapes are used solely for educational and/or promotional purposes. This consent shall be effective for five years from the date signed or until I withdraw my consent in writing.

As evidenced by my signature below, I have carefully read and fully understand the terms and conditions of this permission form.

              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Please print) Parent Signature Date

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature (Required if student is 18 yrs old) Date

FOR NSOROMMA OFFICE USE ONLY:

|  |  |  |
| --- | --- | --- |
| Amount Paid | Form | Date Paid |
|  |  |  |