

# North Atlanta Professional Prep

Mrs. Leslie McBee

Mrs. Jennifer Chambers Ms. Amanda Powell

Please print, complete and send this form along with check to:

PO Box 29685

Atlanta, GA 30359

**\*Registration is not complete until registration form and money are received**

## Student Information:

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

LAST NAME

PREFERRED FIRST NAME

GENDER

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

STREET ADDRESS

CITY

ZIP CODE

Elementary School: \_\_\_\_\_

Middle School: \_\_\_\_\_

Grade Next Year: \_\_\_\_\_

*Efforts will be made to group students by school, until each class reaches maximum capacity with equal gender balance.*

**Legacies:** Younger siblings will receive an early invitation during their 5th grade year, for lessons in their 6th grade year.

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

Gender: \_\_\_\_\_

Year Entering 6th Grade \_\_\_\_\_

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

Gender: \_\_\_\_\_

Year Entering 6th Grade \_\_\_\_\_

Registering for: 1st Year \_\_\_\_\_

2nd Year \_\_\_\_\_

(must have completed 1st Year)

3rd Year \_\_\_\_\_

(must have completed 1st Year and 2nd Year)

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent signature is required for participation.

*I agree for my child to participate in all NAPP activities.*

Parent Name

Parent Signature

Date

*I agree for my child to be photographed at North Atlanta Professional Prep (NAPP) events and classes. I understand those photos may be used by NAPP for marketing and other promotional purposes, including on NAPP's website and social media accounts, and consent to the same. I release NAPP from any liability, claims, or damages resulting from use of my child's photo.*

Parent Name

Parent Signature

Date

Please advise of any food allergies or sensitivities: \_\_\_\_\_