



ELEMENTARY-MIDDLE SCHOOL REMOTE LEARNING CENTER STUDENT ENROLLMENT APPLICATION

PREFERRED LOCATION

- DeKalb/Clarkston
 Newton/Covington
 South DeKalb/Decatur

STUDENT INFORMATION

Child's Name:
First _____ Middle _____ Last _____
Preferred or Nickname _____
Date of Birth _____ Age _____
Where is your child currently enrolled in school? _____
(county and name of school)
Grade level _____

PARENT/GUARDIAN

Mother's/Guardian's Information:
First Name _____ Last Name _____
Address _____ City _____ ST ____ Zip _____
Primary Phone # _____ Alternate Phone # _____
Email Address _____ Driver's License # _____

Father's/Guardian's Information:
First Name _____ Last Name _____
Address _____ City _____ ST ____ Zip _____
Primary Phone # _____ Alternate Phone # _____
Email Address _____ Driver's License # _____

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the person(s) signing this application and to the following emergency contact and/or pick up person. Contacts listed below should live locally within the state, and should be immediately available in the event of an emergency if the parents/guardians can not be reached.

Contact Name _____ Phone # _____
Authorized to PICK UP Yes No Authorized for EMERGENCIES Yes No

Contact Name _____ Phone # _____
Authorized to PICK UP Yes No Authorized for EMERGENCIES Yes No

Contact Name _____ Phone # _____
Authorized to PICK UP Yes No Authorized for EMERGENCIES Yes No

MEDICAL INFORMATION

My child's doctor is _____ Phone # _____
Address _____ City _____ ST ____ Zip _____

- My child has (please check all that apply):
___ An allergy to medicine, food, plant, animal, or insect (if yes, please explain) _____
___ A physical, mental, or developmental disability that requires accommodation (if yes, please explain below) _____
___ No known allergies or conditions

MEDICAL INFORMATION (continued)

I, _____ hereby authorize Georgia Piedmont Technical College (GPTC), in the event of an emergency, to seek medical treatment (or contact 911 if necessary) for my child_____. If GPTC is unable to contact me immediately, GPTC is authorized to ensure my child is transported to an appropriate medical resource and GPTC shall be authorized to secure such medical attention and care for my child as may be necessary.

I agree to assume responsibility of payment for such services and emergency treatment. GPTC will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Emergency Protocol Procedures will be:

1. Contact parent/guardian listed
2. Contact emergency contact(s) if parent/guardian cannot be reached
3. Call emergency medical team if necessary (911- first if needed)
4. Transport child via emergency medical team to nearest hospital, or
 Parent Hospital Preference _____ Phone # _____
 Address _____ City _____ ST ____ Zip _____

Please read and initial the following statements:

_____ I understand that I must check my child's health every morning *prior* to leaving for the GPTC Remote Learning Center

_____ I understand that if my child exhibits any of the following symptoms: a temperature of 100.4 degrees or higher, congestion or runny nose, cough, shortness of breath or difficulty breathing, diarrhea, headache, muscle pain and fatigue, sore throat, nausea or vomiting, chills, new loss of taste or smell, I cannot send my child to the GPTC Remote Learning Center.

_____ I understand that if my child was in close contact-within 6 feet for 15 minutes, with or without mask-of someone with a suspected or confirmed case of COVID-19 in the last two weeks, or of someone getting a test or waiting for test results, I cannot send my child to the GPTC Remote Learning Center.

_____ I understand that if my child cannot attend for any of the reasons above, that I should notify the GPTC Remote Learning Center.

_____ I understand that masks are required on all GPTC campuses, including Digital Learning Centers

_____ I understand that my child must bring their own lunch, and technology (laptop/Chromebook and charger, headphones), and must be able to perform basic functions such as powering on, connecting to the Internet, browsing to their school's remote learning site.

_____ I understand that I (or the emergency contacts listed) may be contacted if my child exhibits any disciplinary issues. Disciplinary issues may result in your child being dismissed from the GPTC Remote Learning Center for the day.

_____ I understand that my child must be picked up no later than 3:30 pm. I will be assessed \$1.00 per minute for late pick ups.

Parent/Guardian Signature

Date

or

GPTC Employee Signature

Date