Office Use Only!	
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Date received						
(R) (N)	Returning Student New Student					
(WL)	Waiting List					



REGISTRATION FORM FOR THE SCHOOL YEAR 2023/2024

Student Last Name	First Name	DOB (month/day/year)	Place of birth (city)	F M Sex	
GSA Level or Teacher Last School Year		Name of Regula	Name of Regular School / Grade as of 23/24		
		Intermediate Advanced			
German spoken frequ	ently at home Stu	udent enrolled in German at lo	cal school, Number of Years of	German instructions:	
Name of Parents		Mailing Address/Street			
City, State, ZIP Code		Phone	E-Mail address		
I have received and agre	ed to the GSA Release	and Authorization Policy	Yes / No		
Signature of Parent		Occupatient of Parent(s)			
	MEDICAL EMERO	SENCY FORM FOR THE	SCHOOL YEAR 2023/24	:	
Name of Student		Emergency Contac	t (NOT Parent) Name & Telepl	none Number	
			ool of Atlanta is unable to conta r whatever treatment is necessa		
Date		Signature of Paren	t		