



Enrollment Packet

2025-2026 SCHOOL YEAR

Favor Transition Academy

WWW.FAVORTRANSITIONACADEMY.ORG | 8520 HOSPITAL DRIVE, DOUGLASVILLE GA 30134

Table of Contents

- Required Documents
- Application
- DPH Medical Form
- Records Release Form
- Media Release
- Medicine Authorization



FAVOR TRANSITION ACADEMY

Required Documents

1. Student's Proof of Age

Present **one** of the following:

- **A certified copy of a birth certificate; or**
- **A federal, state, county, or school document with date of birth.**

Examples include a certified, hospital-issued birth record or birth certificate; military ID; valid driver's license; passport; adoption record; religious record, signed by an authorized religious official; official school transcript; official immigration documentation; or affidavit of age sworn by parent/guardian or other authorized person accompanied by a certificate of age signed by a licensed, practicing physician which states the physician has examined the child and believes the age, as stated in the affidavit, is substantially correct.

For a fee, parents can order a birth certificate for a child born in Georgia through the state's ROVER service:

<http://gta.georgia.gov/rover>

2. Authorized Enrolling Adult

The following persons are authorized to enroll students:

- **Parent (natural or adoptive)**
- **Legal guardian**
- **Foster parent appointed by a state agency**
- **Sponsor for approved International Exchange Program**

*The person authorized to enroll should present **one** of the following:*

Driver's license

- **State identification card**
- **Passport**
- **Other official photo identification**

3. Proof of Residence in Douglas, Cobb, Paulding or Carroll County

- Photo Identification;
- A deed or a mortgage statement, Lease/Rental Agreement (must be in the enrolling parent's name showing residence)
- A Power/Water or Gas Bill (current within 30 days) in your name for the current month showing the residence property
- **Declaration of residency**

About Proof of Residency

• Documents presented for proof of residency must reflect the name of the parent/guardian for the enrollment address

4. Immunization/ Health Certificates

- **Valid certificate of immunization {Ga. Health Dept. Form #3231}, or a notarized Affidavit of Religious Exemption.**
- **Vision, Hearing, Dental and Nutrition Screening {Ga. Health Dept. Form #3300, rev. 2013}**
- **Social Security Number (or Objection to Provide Social Security Number Form)**

5. Previous School Records (or records release authorization form)

- *Report cards or official school transcript Withdrawal form from previous school*
- *School Discipline Records*



FAVOR TRANSITION ACADEMY

Required Documents

1. Student's Proof of Age

Present **one** of the following:

- **A certified copy of a birth certificate; or**
- **A federal, state, county, or school document with date of birth.**

Examples include a certified, hospital-issued birth record or birth certificate; military ID; valid driver's license; passport; adoption record; religious record, signed by an authorized religious official; official school transcript; official immigration documentation; or affidavit of age sworn by parent/guardian or other authorized person accompanied by a certificate of age signed by a licensed, practicing physician which states the physician has examined the child and believes the age, as stated in the affidavit, is substantially correct.

For a fee, parents can order a birth certificate for a child born in Georgia through the state's ROVER service:

<http://gta.georgia.gov/rover>

2. Authorized Enrolling Adult

The following persons are authorized to enroll students:

- **Parent (natural or adoptive)**
- **Legal guardian**
- **Foster parent appointed by a state agency**
- **Sponsor for approved International Exchange Program**

*The person authorized to enroll should present **one** of the following:*

Driver's license

- **State identification card**
- **Passport**
- **Other official photo identification**

3. Proof of Residence in Douglas, Cobb, Paulding or Carroll County

- Photo Identification;
- A deed or a mortgage statement, Lease/Rental Agreement (must be in the enrolling parent's name showing residence)
- A Power/Water or Gas Bill (current within 30 days) in your name for the current month showing the residence property
- **Declaration of residency**

About Proof of Residency

• Documents presented for proof of residency must reflect the name of the parent/guardian for the enrollment address

4. Immunization/ Health Certificates

- **Valid certificate of immunization {Ga. Health Dept. Form #3231}, or a notarized Affidavit of Religious Exemption.**
- **Vision, Hearing, Dental and Nutrition Screening {Ga. Health Dept. Form #3300, rev. 2013}**
- **Social Security Number (or Objection to Provide Social Security Number Form)**

5. Previous School Records (or records release authorization form)

- *Report cards or official school transcript Withdrawal form from previous school*
- *School Discipline Records*



Favor Transition Academy

Enrollment Application

Student Details

Student Name	
Date of Birth	
Home Address	
Rising Grade Level	
Home School/District	

Do any of these apply to you or an immediate family member at Favor Transition Academy? If any of these apply to you or your family, you may receive preference.

Check Applicable	Enrollment Priorities
	A sibling of a student enrolled in Favor Transition Academy.
	A student whose parent or guardian is a member of the governing board of FTA or is a full-time teacher, professional, or other employee.

Parent/Guardian Details

	Parent/Guardian	Parent/Guardian
Relationship to Student:		
Home Address		
Zip Code		
Home Telephone Number		
Work Telephone Number		
Mobile Number		
Email Address		

Favor Transition Academy does not discriminate in employment or educational programs, services or activities based on race, color, religion, national origin, sex, age or disability in accordance with state and federal laws, as required by Title VI and VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, Age Discrimination Act of 1975, and the Federal Occupational Rehabilitation Act of 1973. This institution is an equal opportunity provider.



Check Applicable Categories	O.C.G.A. § 20-2-2066(a)(1) Weighted Lottery Categories
	Economically Disadvantaged Student
	Student with Disability
	Neglected or Delinquent Student
	Homeless Students
	Justice Engaged Juvenile
	Suspended/ Enrolled

**Please note, information will be verified during the enrollment process.*

Assurances

Please accept this signed and completed document for enrollment at Favor Transition Academy. I understand that completion of this Enrollment Application does not guarantee admission to the school. I also understand that if my application is accepted for enrollment at FTA, I must confirm acceptance of the spot within 5 days. I also must complete all enrollment documents, including proof of residency, within 2 weeks of confirming acceptance. If not, my spot may be given to the next student on the waiting list.

Please initial next to each statement in confirmation below:

	I have reviewed the enrollment information.
	I have reviewed the tuition fee schedule.

Sign		Date	
------	--	------	--



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

Parent/ Guardian Name: _____
first middle last

Child's Name: _____
first middle last

Parent/ Guardian Contact Information:

Daytime phone number: _____

Evening phone number: _____

Cell phone number: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's Home Address:

street city state zip code county

VISION

- ☐ Unable to screen (explain why below)
☐ Uses corrective lenses
☐ Worn for testing

- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
☐ Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Local Health Department
☐ Optometrist
☐ "Prevent Blindness Georgia" employee
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

HEARING

- ☐ Unable to screen (explain why below)
☐ Uses hearing aid / assistive device

- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
☐ Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Local Health Department
☐ Audiologist
☐ Speech-Language Pathologist
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

DENTAL

- ☐ Unable to screen (explain why below)

- ☐ Normal appearance
☐ Needs further evaluation
☐ Emergency problem observed
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Dentist
☐ Local Health Department Registered Nurse
☐ Registered Dental Hygienist
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

NUTRITION

- ☐ Unable to screen (explain why below)

Height: _____ Weight: _____

BMI: _____ BMI%: _____

- ☐ 5th to 84th percentile - Appropriate for age
☐ < 5th percentile - Needs further evaluation
☐ ≥ 85th percentile - Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
☐ Local Health Department
☐ Registered Dietician
☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

FOR SCHOOL SYSTEM ONLY

Follow up for further evaluation

	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			

Student support services initiated on:

Screeners' Comments:

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietitian or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietitian for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.



Authorization to Release Confidential Student Information

Student Full Name (Please Print): _____ Date of Birth: ____/____/____

Parent/Guardian Name (Please Print): _____ School: _____

- ☐ I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

**Favor Academy of Excellence, Inc.
FAE Tutoring and Intervention Center
8641 Dorris Road – Suite 230B
Douglasville, Ga 30134**

- ☐ Release of student information will be reciprocal between persons/agencies listed above (Please check box).
- ☐ I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Favor Academy of Excellence, Inc. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.
- ☐ This authorization expires: ____/____/____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The Following Information will be released/exchanged (Check All That Apply):

EDuCATIoNAL RECoRDS

- ☐ All Student Educational Records
- ☐ Enrollment
 - ☐ Withdrawal
 - ☐ Attendance
 - ☐ Behavior
 - ☐ Grades/Progress reports
 - ☐ Immunization
 - ☐ Official Transcript
 - ☐ Student Intervention Team records/minutes/plans
 - ☐ Other: _____

SPECIAL EDuCATIoN RECoRDS

- ☐ All Special Education Evaluation and Records
- ☐ Educational Evaluation/Student Achievement
 - ☐ IEP Meeting Minutes
 - ☐ Individualized Education Plans (IEP)
 - ☐ Consent for Placement
 - ☐ Consent for Evaluation
 - ☐ Adaptive Behavior reports or checklists
 - ☐ Behavioral reports or checklists
 - ☐ Transition Plan
 - ☐ Eligibility Report for all Categories of Disability
 - ☐ Developmental/Social/Behavioral History
 - ☐ Other: _____
 - ☐ Other: _____

SPECIALIZED EVAlUATIoNS AND RECoRDS

- ☐ All Specialized Evaluation and Records
- ☐ Psychological
 - ☐ Neuropsychological
 - ☐ Treatment Plan/Recommendations
 - ☐ Occupational Therapy
 - ☐ Physical Therapy
 - ☐ Speech/Language
 - ☐ Vision
 - ☐ Hearing
 - ☐ Otological
 - ☐ Audiological
 - ☐ Other: _____

MEDICAL EVAlUATIoN AND RECoRDS

- ☐ All Medical Records
- ☐ Psychiatric
 - ☐ Diagnoses
 - ☐ Medications
 - ☐ Educational Impact Summary
 - ☐ Discharge Summary
 - ☐ Outpatient Treatment Plan
 - ☐ Other: _____
 - ☐ Other: _____

Parent/Guardian Signature: _____

Date: ____/____/____



**MEDIA RELEASE FORM / AUTHORIZATION TO USE
WRITTEN MATERIALS / PHOTOGRAPHS**

I, _____, hereby authorize the Favor Consulting / Favor Academy of Excellence and the project sponsor to use, reproduce, and/or publish all written and/or visual materials, including photographs (which are described below) that may pertain to me. I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on the organization's or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Organization or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the Organization or project sponsor deems appropriate in order to promote/publicize service opportunities.

Description of Material:

Photographs, videotape, film, sound recordings, written publications, newspaper and magazine articles.

Signature

Date



Medical Authorization Form

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my

(relationship) _____ (hereafter "dependent") – Full Name
I further give my consent to _____
(Favor Academy of Excellence Staff) – Full Name

who will be caring for my dependent for the period _____ through _____, to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to the caregiver to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the Favor Academy of Excellence Staff attempt to contact me. However, if medical care becomes essential, I give permission to the Favor Academy of Excellence Staff to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the Favor Academy of Excellence Staff on my behalf for the benefit of my dependent, I authorize the Favor Academy of Excellence Staff to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

Signature of Legal Guardian

Date

Address

Phone Number

Name of dependent(s)

Phone

Allergies

Health Insurance Carrier

Health Insurance Policy # and Group #

Physician's Name

Physician's Number

Physician's Address

Physician's Phone