

# SISTERS OF TODAY & TOMORROW

## Enrollment Application

Fax: 404-472-9976

### A. Student Information

Student's Name \_\_\_\_\_

Nickname \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Current Grade \_\_\_\_\_

Current Academic level or GPA \_\_\_\_\_

Last School Attended (name & phone) \_\_\_\_\_

Religious Preference \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Waist Size \_\_\_\_\_ Shirt Size \_\_\_\_\_

Dress Size \_\_\_\_\_ Inseam \_\_\_\_\_ Shoe Size \_\_\_\_\_

Any Physical Needs or Limitations? Yes\_\_\_ No\_\_\_ (if yes, Describe)

\_\_\_\_\_

Any Allergies? What are the reactions? Medications Required?

\_\_\_\_\_

Medications? Yes\_\_\_ None\_\_\_ ( if yes, please name, taken for, dosage, date started)

\_\_\_\_\_

Please Describe the Specific Events that led to your decision to enroll your daughter:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe goals and objectives you would like to see addressed:

\_\_\_\_\_

\_\_\_\_\_

Describe your daughter's strengths:

\_\_\_\_\_

\_\_\_\_\_

Please describe your daughter's weaknesses:

\_\_\_\_\_

\_\_\_\_\_

Has your daughter ever attempted or discussed suicide? Yes\_\_\_ No\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SISTERS OF TODAY & TOMORROW

Has your daughter demonstrated violence towards self, others, or property? Yes\_\_\_  
No\_\_\_

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Has your daughter used drugs or alcohol? Yes\_\_ No\_\_  
If yes, describe the substances, frequency and when use began and last occurred:

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## B. Parent/Guardian Information

**MOTHER'S NAME** \_\_\_\_\_

Occupation \_\_\_\_\_

Date Of Birth \_\_\_/\_\_\_/\_\_\_\_\_

SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow \_\_\_

Mother is : Bio mother \_\_\_ Step or adoptive mother \_\_\_ Foster \_\_\_

If remarried, step-father's name \_\_\_\_\_

Years married \_\_\_\_\_

Is student legally adopted by Stepfather? Yes \_\_\_ No \_\_\_

**FATHER'S NAME** \_\_\_\_\_

Occupation \_\_\_\_\_

Date Of Birth \_\_\_/\_\_\_/\_\_\_\_\_

SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widower \_\_\_

Father is : Bio Father \_\_\_ Step or adoptive Father \_\_\_ Foster \_\_\_

If remarried, step-mother's name \_\_\_\_\_

Years married \_\_\_\_\_

Is student legally adopted by Stepmother? Yes \_\_\_ No \_\_\_

# SISTERS OF TODAY & TOMORROW

**OTHER LEGAL GURADIAN'S NAME** \_\_\_\_\_

Occupation \_\_\_\_\_

Date Of Birth \_\_\_/\_\_\_/\_\_\_

SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widower \_\_\_

Father is : Bio Father \_\_\_ Step or adoptive Father \_\_\_ Foster \_\_\_

If married, spouse's name \_\_\_\_\_

Years married \_\_\_\_\_

Is student legally adopted ? Yes \_\_\_ No \_\_\_

Is student related to guardian? Yes \_\_\_ No \_\_\_ ( if yes, how?) \_\_\_\_\_

Student lives with? Father \_\_\_ Mother \_\_\_ Other \_\_\_

If parents divorced- custody status? Father full \_\_\_ Mother full \_\_\_ Shared \_\_\_

Other \_\_\_\_\_

## PERMISSION FOR RELEASE OF SCHOOL RECORDS

To principal, Counselors, of \_\_\_\_\_

(most recent school's name)

School phone \_\_\_\_\_ Fax # \_\_\_\_\_

School Street Address \_\_\_\_\_

School City, State, Zip \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

The above named student has enrolled in Sisters of Today & Tomorrow. I hereby request the release of her school records to be sent to Sisters of Today & Tomorrow: PO Box 54066, Atlanta, Georgia. 30308

Please include the following:

1. Transcripts
2. Withdrawl grades (if applicable) including uncompleted classes
3. Any counseling information

Date requested: \_\_\_\_\_

Parent/Guardian(Signature) \_\_\_\_\_

Parent/Guardian (Printed Name) \_\_\_\_\_