

The Learning Academy
Of College Park



Test Appointment

Child's Name: _____

Birthday: _____ Present Grade: _____

Parent's Names: _____

Home Address: _____

City: _____ Zip: _____

Please Place A Check Beside The Number We Should Call To Set UP A Test Appointment.

_____ Home Phone Number: _____

_____ Mother' Work Number: _____

_____ Father's Work Number: _____

Office Use Only

Fee Paid _____ Cash _____ Check # _____

Test Date _____

Time _____

Birth Certificate _____	3231 GA Immunization _____
Application _____	Add. Student Info. _____
School As Comm. _____	Previous School _____
School Records _____	Registration Fee _____