



Shepherd's Hill Academy Enrollment ICPC Requirements Proof of Acceptance for Interstate Transportation

As of _____, Shepherd's Hill Academy will accept _____ for enrollment in our academy.

Director's Signature: _____ Date: _____

Financial and Medical Acknowledgement

I _____, hereby acknowledge that I will make all financial provisions, including tuition rates, for my child's enrollment and stay at Shepherd's Hill Academy in Martin, Georgia. In addition, I will assume any and all medical coverage for my child as required by Shepherd's Hill Academy for the duration of his/her enrollment

My address (person responsible for payments) is below:

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Signature: _____ Date: _____

Proof of Custody

Please circle only one of the following statements that apply to you. I am the:

- A) Biological parents
- B) Legal guardian or adoptive parent
(if you circled "b" you will need to provide court documents to show custody/legal authority to place)

Parent/Guardian's Signature: _____ Date: _____

