

## **Elizabeth Andrews High School**

Principal Dr. Angelia Major 1701 Mountain Industrial Boulevard Stone Mountain, GA 30083-1027 (678)676-2602

## **EAHS Student Enrollment Verification**

Please v	nool Counselors, erify the student has met the foll the boxes below on the left side		enroll at Elizabeth Al	ndrews High Scho	ol (EAHS) by
	Current School	Student Name		Student #	
For Home	e For School use EAHS use				
	Student is 16 years of age or	older			
	Student 20 years of age must be in the 12 <sup>th</sup> grade Semester 1				
	Student has earned enough credits to be promoted to the 10 <sup>th</sup> grade by earning 6 credits. 3 must be core credits				
	Student lives in DeKalb County School District				
	Parent/Guardian has been contacted by the Home School				
	Transfer Credits completed/required				
	This student is currently taking courses with Flex Academy. Student was enrolled into Flex Academy by the home school				
	Current verifiable immunizations				
	Flex Academy has been notified that this student will be enrolled at EAHS				
	Please circle if	the student is currently	being served by any o	f the following.	<u> </u>
	IEP	EL	504		SST
I certify th	nat the student meets the above co	riteria to enroll at EAHS	and has been withdra	awn from my schoo	I.
Counselor Signature			Date		

Student or parent must call Ms. Ealey, Registrar, at 678.676.2606 to schedule a registration appointment. This enrollment verification form must be provided to the registrar during the scheduled appointment.