



E-PLEX
EDUCATION COMPLEX

E-Plex Johns Creek
10700 Abbotts Bridge Rd #190
Duluth, GA 30097

eplexjc@gmail.com
(678)365 -2220

Application Form

Full Name of Child: _____ Gender: M / F _____ Date of Birth: _____

School: _____ Grade: _____

Home Address: _____

Please list your child's primary language: _____

Mother's Details:

Mother's name: _____

Cell Phone: _____

Email address: _____

Address (if different from child's): _____

Father's Details:

Father's name: _____

Cell Phone: _____

Email address: _____

Address (if different from child's): _____

Other Emergency Contacts:

Name: _____ Relationship to child: _____

Telephone Number: _____

Name: _____ Relationship to child: _____

Telephone Number: _____

Medical/Allergy Details:

Does your child have any medical problems and/or allergies that we should be made aware of? Please give details below:

Special Dietary Requirements:

Does your child have any dietary requirements? e.g. vegetarian. Please give details below:

Applicant Parent/Guardian Confirmation

Full Name of Parent/Guardian Filling out the Application: _____

Parent/Guardian Signature: _____

Date: _____