

THE ATLANTA ACADEMY

APPLICATION FOR ADMISSION

Child's Name: _____ Date: _____

Resides with: _____ Date of Birth: _____

Address: _____

Street City State Zip
Contact Number (Home) _____ (Cell) _____

Email address _____

Preschool Applicants:

Age Group _____ 3yr. _____ 4yr. _____ 5yr.

_____ Half Day (8:00 – 12:30) _____ Full Day (8:00-3:00)

Your child must be toilet trained.

** Extended School Program (ESP) is available for children in Full Day program (3:00-6:00)

K- 8th Grade Applicants:

Applying for Grade _____

FATHER

MOTHER

NAME: _____

ADDRESS: _____

(If different)

(If different)

OCCUPATION: _____

EMPLOYER: _____

PHONE: (work) _____

(home) _____

(cell) _____

Siblings:

Name:

School:

Age:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Checklist

- ⊖ Complete the application form and submit with the application fee of \$75.00 (per child) made payable to The Atlanta Academy.
- ⊖ Submit the teacher recommendation form to the student's current teacher for direct mailing to The Atlanta Academy.
- ⊖ Sign the Transcript Release and Confidentiality Form and submit it to your child's current school. ***Please remember to sign the form before submitting it to the school.***
- ⊖ Submit a copy of your child's Immunization Form and birth certificate.
- ⊖ When your packet is complete you will be notified to schedule a testing time.
- ⊖ Additional applications can be downloaded from our website at www.atlantaacademy.com .

Please return the completed form with a check for \$75.00 (per child) made payable to:

**The Atlanta Academy
2000 Holcomb Woods Parkway
Roswell, GA 30076**