IVY PREP ACADEMY

Parent/Guardian Checklist of Documents:

__BIRTH CERTIFICATE __SOCIAL SECURITY CARD/OBJECTION __IMMUNIZATION CERTIFICATE __EYE, EAR & DENTAL CERTIFICATE
__PHOTO IDENTIFICATION __WITHDRAWAL FORM __REPORT CARD/TRANSCRIPT __PROOF OF RESIDENCY**
__RESIDENCY AFFIDAVIT __STANDARDIZED TEST SCORES (CRCT, EOCT, GHSGT)

SCHOOL USE ONLY

SCHOLAR HOUSEHOLD NAME:_____

Scholar ID#_____ Grade_____ Homeroom_____ Counselor Name_____ Advisor/Teacher_____

Transportation

___Bus#_____ ___Walker __Car Rider __Day Care Bus ___After School Care Program
___Gifted ___Special Education __Scholar Support Team __ESOL ___504

Conditional Enrollment

"Conditional Enrollment" is only available during the school year. Students pre-enrolling or enrolling before school starts are not eligible for "Conditional Enrollment".

__30 Day Conditional Enrollment Granted __7 Day Conditional Enrollment Granted Ending Date_____

Items Needed To Complete Enrollment

__ BIRTH CERTIFICATE __SOCIAL SECURITY CARD __IMMUNIZATION CERTIFICATE __EYE, EAR & DENTAL CERTIFICATE
__PHOTO IDENTIFICATION __WITHDRAWAL FORM __REPORT CARD/TRANSCRIPT __PROOF OF RESIDENCY

School Records requested from: _____ Date Requested _____ Date Received _____

School Records requested from: _____ Date Requested _____ Date Received _____

_____ _____
Registration Personnel Date

SCHOLAR INFORMATION				
Last Name:	**First Name:**	**Middle Name:**	**Suffix:**	
Grade:	**Gender:**	**Current Age**	**Date of Birth:**	**Social Security #:**
State of Birth:	**Country of Birth**: (If not USA)	**Date Entered US:**	**Date Entered US School:**	
Home Phone:	**Scholar Cell Phone:**			
Home Address: (Street Address)	**Apt#:**	**City:**	**State:**	**Zip:**
Does Scholar Reside In Federally Subsidized Housing? **O Yes O No**	**Does Scholar have an IEP** (Special Education)**? O Yes O No**	**Was Scholar in ELL/ESOL Program?** **O Yes O No**		
Was Scholar in Gifted/Challenge Program? **O Yes O No**	**Does Scholar have a 504 Plan?** **O Yes O No**	**Was /Is Scholar Involved in the Student Support Team?** **O Yes O No**		

In order to provide your child with the best possible education, we need to determine how well he or she speak and understand English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification is for language support is based on the results of an English language assessment.

Has the family lived in another county in the last three (3) years? O Yes O No	**If yes, what is the date your family arrived in Dekalb, Fulton, Gwinnett , or City of Atlanta?**	**What language (s) did the scholar first learn to speak?**	**What language(s) does the scholar most frequently speak at home?**
What language (s) does the Scholar speak the most often?	**Which language do adults in your home most frequently use when speaking with your child?**	**Which language (s) does your child currently understand or speak?**	
If possible, would prefer notice of school activities in a language other the English? O Yes O No **If yes, which language?**	**Is your child Hispanic/Latino?** O **No**, Not Hispanic/Latino O **Yes**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.		

IVY PREP ACADEMY

Date:_____

Is your child one or more of these races? (*Select all that apply*)

O **American Indian or Alaska Native** (*A person having origins in any of the origin's people of North and South America(including Central America*), (*and who maintains tribal affiliation or community attachment*)

O **Asian** (*A person having origins in any of the original peoples of the East, Southeast Asia, or the Indian subcontinent including but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam*)

O **Black or African American** (*A person having origins in any of the Black Racial groups of Africa-Including the Caribbean Islanders and other of African origin*)

O **Native Hawaiian or Other Pacific Islande**r (*A person having origins in any of the original peoples of Hawaii, Guan, Samoa, or other Pacific Islands*)

O **White** (*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa*)

Race Ethnicity:

O **Asian/Pacific Islander** O **Black, not Hispanic** O **HIspanic** O **American Indian or Alskan Native** O **Multi-Racial** O **White, not HIspanic**

Has your family moved in order to work in another city, county, or state, in the last three (3) years? ___Yes ___No
If so, what is the date your family arrived in the city/town you currently reside? Date:_____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (*Check all that apply*)

__ Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
__ Planting, growing, or cutting trees pulpwood)/raking pine straw
__ Dairy/Poultry/Livestock
__ Fishing or fish farms
__ Processing/packing agricultural products
__ Meatpacking/Meat processing/Seafood
__ Other (Please specify occupation):_____

PREVIOUS SCHOOL EXPERIENCE

Pre-School Experience: O None O Early Head Start O GA Lottery Funded Pre-K O Title I Funded Pre-K O Special Education 3yr old O Special Education 4yr old O Private Pre-K O Other Pre-K Program

Has Scholar attended an Ivy Preparatory Academy School previously? O Yes O No If yes, dates of attendance_____	Last Ivy Preparatory Academy School attended: O Kirkwood O Gwinnett

Name of previous school attended (*if not in Atlanta Public Schools*)

Previous School Address: (*City, State, Zip Code*)	Phone#	Last Grade	Date of Withdrawal:

Is Scholar currently suspended or pending expulsion from previous school? O Yes O No	Has Scholar been expelled from any school previously? O Yes O No

Please provide an explanation/reason for suspension/pending expulsion/or being expelled:

SIBLINGS CURRENTLY ENROLLED IN IVY PREPARATORY ACADEMY

Sibling Last Name:	**First Name:**	**Date of Birth:**	**Grade:**
Sibling Last Name:	**First Name:**	**Date of Birth:**	**Grade:**
Sibling Last Name:	**First Name:**	**Date of Birth:**	**Grade:**
Sibling Last Name:	**First Name:**	**Date of Birth:**	**Grade:**

IVY PREP ACADEMY

Date:_____

PARENT/LEGAL GUARDIAN INFORMATION

Current Living Situation: Do you O **Own** O **Rent** O **Live with another family?**
If you live with another family, please list family name here: _____

Scholar lives with: O **Both Parents** O **Mother only** O **Father only** O **Legal Guardian** O **Foster Parent** O **Grandparent**
O **Other**:_____ (***If other than parent, LEGAL documentation is REQUIRED, no exceptions permitted)***

A scholar will only be allowed to be withdrawn by the person who they were enrolled by, the parent/legal guardian which enrolled the scholar may give consent to the school by written permission accompanied by a copy of the parent/guardian's photo identification for another person to withdraw the scholar.

Household Address:	**Apt #:**	**City:**	**State:**	**Zip:**

O **Mother** O **Father** O **Legal Guardian**	**Last Name:**	**First Name:**	**Middle Initial:**

Home Phone:	**Work Phone:**	**Parent Cell Phone:**	**Other Contact Phone:**

Marital Status: (Married, Single, Divorced)	**Employer Name & Address:**	**Highest Education Level:**	**Primary Language Spoken:**

Primary email address:	**Active Military:** O **Yes** O **No**	**Do you work on Federal Property?** O **Yes** O **No**	**Do you live on Federal Property?** O **Yes** O **No**

O **Mother** O **Father** O **Legal Guardian**	**Last Name:**	**First Name:**	**Middle Initial:**

Home Phone:	**Work Phone:**	**Parent Cell Phone:**	**Other Contact Phone:**

Marital Status: (Married, Single, Divorced)	**Employer Name & Address:**	**Highest Education Level:**	**Primary Language Spoken:**

Primary email address:	**Active Military:** O **Yes** O **No**	**Do you work on Federal Property?** O **Yes** O **No**	**Do you live on Federal Property?** O **Yes** O **No**

EMERGENCY CONTACT(S) INFORMATION			**Can Scholar be picked up by this person**
Name:	**Relationship:**	**Contact Numbers(s):**	O **Yes** O **No**
Name:	**Relationship:**	**Contact Numbers(s):**	O **Yes** O **No**
Name:	**Relationship:**	**Contact Numbers(s):**	O **Yes** O **No**
Name:	**Relationship:**	**Contact Numbers(s):**	O **Yes** O **No**

To be enrolled in Ivy Preparatory Academy, students must reside full-time in an approved attendance zone with their natural parent(s), Legal guardian(s) or legal custodian(s). For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in an approved Ivy Preparatory Academy attendance zone and who on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the attendance zone, but does not reside in the attendance zone is not considered a resident. **Parents are required to notify Ivy Preparatory Academy within fourteen (14) days,** if there is a change in residence. Representatives of Ivy Preparatory Academy may visit the home to verify residency. A scholar enrolled at Ivy Preparatory Academy under falsified information is illegally enrolled and will be immediately withdrawn from the school immediately as stated in the GADOE guidelines. Parents and Guardian making false statements or submitting false information and documentation is in violation of O.C.G.A. § 16-9-2, § 16-10-20 and/or § 16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than $1,000.00 or by imprisonment for not less than one (1) nor more than five (5) years, or both. (O.C.G.A. §16-10-71.

PARENT/GUARDIAN SIGNATURE (S)

I SWEAR OR AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.

_____ _____	_____ _____
Parent/Legal Guardian Signature **Date**	**Parent/Legal Guardian Signature** **Date**