



**ICAGEORGIA**  
International Charter Academy of Georgia

3705 Engineering Drive  
Peachtree Corners, GA 30092  
Tel: 770-604-0007  
[www.internationalcharteracademy.org](http://www.internationalcharteracademy.org)  
[info@internationalcharteracademy.org](mailto:info@internationalcharteracademy.org)

## **Enrollment and Withdrawal Steps**

### **Enrollment**

The Enrollment Process provides Student Data Specialist and Parent/Guardians with a detailed operational description of enrollment.

Applicant will follow the steps on the registration through Lotterease online or contact ICAGeorgia directly. Enrollment package (Appendix I) can be obtained according to the Enrollment Policy (Appendix II) and Lotterease instructions online (Appendix III), in person or complete an Admission Application Form (Appendix IV).

The following documents are needed when completing an application for enrollment:

- **Copy of student Birth Certificate or Passport for non-US citizens**
- **Copy of Student Social Security Card or Social Security Waiver From**
- **Copy of Driver's License or other legal form of ID, such as passport of Enrolling Parent/Guardian**
  
- **Georgia Immunization Form 3231 or notarized affidavit signed by all parents/legal guardians that swears or affirms that immunization(s) required conflict with religious beliefs**
- **Georgia Hearing, Vision and Dental Form – GA Form 3300**
- **Two Copy of Proof of Residency in Georgia**

The person with whom the child legally resides with must attach proof of residency, dated within the last (30) days, and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address.

### **See below list of acceptable supporting documents**

- **Current Georgia driver's license or Georgia identification card if the address on the identification is the same as the residential address**
- **Bank Statement, loan documents, credit card statement, monthly activity statement, voided check**
- **Home mortgage payment statement**
- **Health insurance, previously issued W-2 Form 1099, pay stub**
- **Georgia property tax statement with evidence thereupon of payment**
- **Voter registration documentation from residing county**
- **A current motor vehicle registration (tag receipt)**



- Cable bill, Telephone or Cell Phone bill, Gas bill
- Receipt to have utilities connected
- Affidavit of Proof of Residency (Appendix VI) (This form shall be completed for students seeking enrollment at ICAGeorgia, who live with their parents or legal guardians, but reside in the home of another adult.)

**Note:** If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible for immediately informing the school of any changes to the court order.

### **Internal Enrollment and Withdrawal Steps**

#### **Enrollment**

1. Applicant will complete application online and/or in person
2. Submit documents and application via online, mail, fax and/or in person
3. Student Data Specialist will contact the family for any missing documents
4. Records Request will be sent to student previous school
5. Once all documents and application has been received student will be entered into Infinite Campus
6. Student Data Specialist will claim student in GUIDE
7. Permanent folder will be created for every student with a check off list attached
8. Student Data Specialist will notify principal and teachers of new enrollee
9. All records are stored in a lock room in a lock fire proof cabinet

#### **Withdrawal**

The Withdrawal Process provides Student Data Specialist and Parent/Guardians with a detailed operational description of withdrawal.

1. Parent/Guardian will complete a withdrawal form and submit it to the Student Data Specialist
2. Principal and student teacher will be notified of the withdrawal
3. ICAGeorgia must receive from the new school verification that your child is enrolled. The new school should send a records request within ten (10) days of withdrawal unless you are homeschooling your child
4. Student Data Specialist will complete a withdrawal form and copy all documents in student permanent folder and seal to provide to the parent or guardian
5. Student will be end dated in Infinite Campus with the reason of withdrawal and date



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### **Exception to Lotterease Procedure**

If ICAGeorgia decides to enter the student retroactively. Applications are delivered using the following methods rather than Lotterease website registration.

- Mail Postmark Date
  - Email Time Date
  - Phone and/or Voicemail Time Date
  - Drop Off Time Date
1. Enter the parent and child in the application section
  2. Enter the child into the grade lottery
  3. Edit the application and select 'Change Position'
  4. Insert the child into the position #1
  5. Enter the reason
  6. Add a slot
  7. Edit the application and select 'Confirm for Parent'

**Note:** Parents will not get an email informing them that they moved down the waitlist temporarily. They will be able to log in and see the history of their application and it will show that they were moved down temporarily and the reason entered.

ICAGeorgia can remove parent from Lotterease if parent is no longer interested.

1. Choose the lotteries grade level
2. View applicant list
3. Choose the student and click edit
4. Remove from Lottery
5. Confirm Withdrawal
6. Enter the reason

**Note:** Parent will receive an email informing them of the removal and the reason.

ICAGeorgia will enter families into Lotterease using the Admission Application Form (Appendix IV). If parent has no access to internet and mail the application to the parent.

1. Add and Account
2. Enter all the information on Appendix IV
3. Mail hard copy to parent via US Mail



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4. Email parent postmark date and drop off time
5. Contact parent via phone and/or email of drop off date
6. Maintain a spread sheet with all contact to and from parent

**Note: Parent will receive an email informing them that they have been entered into Lotterease and/or have been waitlisted.**

## **International Charter Academy of Georgia Enrollment and Lottery Policy**

**Admissions Attendance Zone:** Statewide

**Admissions and Enrollment:** In accordance with O.C.G.A. 20-2-2066 (1)(A), ICAGeorgia will admit students of any race, color, nationality and ethnic origin, religion, sexual orientation, or gender. ICAGeorgia shall enroll an eligible student, as defined by GADOE, who resides within the attendance zone and submits a timely application unless the number of applications exceeds the capacity of a program, class, grade level or building. In such cases, all applicants shall have an equal chance of being admitted through a random lottery process.

ICAGeorgia may not use admissions criteria or applications that would not otherwise be used at a traditional public school, including requests for letters of recommendation, essays, resumes, or information regarding a student's school or community activities, grades, test scores, attendance record, or disciplinary history. ICAGeorgia may use applications for the purpose of verifying the student's residence within the school's attendance zone. ICAGeorgia may gather relevant information from students after enrollment is determined. For a detailed list of information that is needed to complete enrollment, refer to the Enrollment packet for students with confirmed spots on the school's website: [www.internationalcharteracademy.org](http://www.internationalcharteracademy.org).

Current ICAGeorgia students are provided the opportunity to re-enroll for the upcoming school year prior to new enrollment. Siblings of current students will register during this re-enrollment period. For new students interested in attending ICAGeorgia for the following school year, the registration period is from the middle of January to the middle of February. The exact dates and the procedure will be announced each year on the school website. Students enrolling at ICAGeorgia are subject to the following priority:

- Siblings\* of students admitted at ICAGeorgia;
- Children of teachers and staff at ICAGeorgia; and
- Children of the ICAGeorgia Board\*\*.

\*Siblings are defined as follows:

1. Biological (including half sibling) /adoptive sibling
2. Step sibling residing in the same household
3. Foster children residing in the same household

\*\*The children of the founding board members as well as the current governing board members will have the priority.

Applications and detailed information on admission procedures will be made available to the public on ICAGeorgia's website. The opportunity to apply will also be advertised to the community in newspapers, community bulletin boards, etc. Interested individuals may also request an application via email or come to pick up in person at the school office.

When there are more registrants than spaces available, ICAGeorgia will hold a lottery of the students who register during the enrollment period. Lotterease, a third party vendor that specializes in charter school lotteries, will handle the initial registration as well as the lottery in the event of a lottery. The time and place of the lottery will be published on the school's website: [www.internationalcharteracademy.org](http://www.internationalcharteracademy.org)

During the lottery, participants will win admission in the order that their number is drawn, up until the pre-established maximum capacity is reached.

Thereafter, participants will be placed on a waitlist in the order their number is drawn. The results of any lotteries will be published on ICAGeorgia's website and posted for public viewing in the school building. Applicants will also be notified of the results via e-mail. Accepted students will then be given a further deadline by which time they must confirm their enrollment. If parents do not bring in their enrollment documentation during the specified timeframe, then the school will deem the acceptance as a rejection and shall fill the vacant spot from the waitlist. At the conclusion of this process, if any grade level, program, class, or building remains below its maximum capacity, applicants will be admitted from the waitlist according to the order determined at the lottery. Any applications received after this point will be considered "late registrants" and treated as follows: (1) If spots remain available in the grade level, program, class, or building, applications will be admitted in the order they are received. (2) If no spots are available, applicants will be added to the waitlist in the order their applications are received.

ICAGeorgia shall maintain a written waiting list of registered students for the current school year only. Parents, therefore, must register every year, even if they are on the waitlist for the current school year.

**Adopted 12-2-2017**



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**International Charter Academy of Georgia  
2019-2020  
Enrollment will be Open on 1/10/2019!**

Please visit our website <https://www.internationalcharteracademy.org/admissions> to begin the application process, starting on 1/10/2019. How To Apply, Enrollment FAQ & Overview pages are helpful during the application process.

ICAGeorgia accepts applications through Lotterease online or at the ICAGeorgia Front Office. Since ICAGeorgia has contracted with Lotterease, BOTH (1) the application process as well as (2) the lottery will be conducted on their online system.

*Please read the following information carefully.*

Lottery by Lotterease will be conducted regardless of the number of applications received. If the number of applications received for any grade level, program, or class is below the maximum capacity, all applicants, barring only those whose applications were incomplete or inaccurate, will be admitted to the program and will receive acceptance notice via Lotterease.

**STEP 1: January 10<sup>th</sup> to January 31<sup>st</sup>, 2019**

Lottery by Lotterease is open between January 10 and January 31. Please click Apply button that leads you to Lotterease regardless of the number of application. You will receive an e-mail from Lotterease confirming that you have registered your child for the Lottery with Lotterease ([tier1supportICAG@lotterease.com](mailto:tier1supportICAG@lotterease.com)). Now is the good time to start reviewing what you need to prepare for the submission of Enrollment Packet by clicking Enrollment Packet.

**STEP 2: February 1, 2019 -- Lottery day**

You will be notified of admission OR your order on the waitlist. Check your e-mail to see if you have received the e-mail notification.

**STEP 3: February 1-6, 2019**

Please confirm by clicking the "confirm" button, within the three business day window, to accept the spot for the 2019-2020 School Year with ICAGeorgia. The email notification will also contain instructions for completing the enrollment and registration process.

**STEP 4: February 15, 2019**

Please send the Enrollment Packet online, by FAX (Fax: 770-837-0479) or by mail. You are also welcome to bring the packet to our Front Office at ICAGeorgia (3705 Engineering Drive, Peachtree Corners, GA 30092, PH: 770-604-0007, Hours: M-F 7:30am-3:30pm)

Thank you for your interest in our school.

If you have any questions, please contact us at [info@internationalcharteracademy.org](mailto:info@internationalcharteracademy.org) or fax at 770-837-0479.



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**ジョージア国際チャーター学院  
2019年～2020年度  
2019年1月10日より、登録受付開始！**

2019年1月10日より、当校ホームページ (<https://www.internationalcharteracademy.org/admissions>)  
にて来年度の入学願書登録を開始してください。登録に関してご質問がある方は、How To Apply、  
Enrollment FAQ、Overview のページをご参照ください。

入学願書は、ロッタリーズ (Lotterease) を通してのオンライン登録、もしくは当校フロントオフィスにて  
受付けます。ICA ジョージアはロッタリーズを通じて、入学願書受付及び抽選をオンラインにて行います。

詳細は、以下ご参照ください。

入学申し込み人数に関わらず、ロッタリーズの抽選は行われます。どの学年、プログラム、クラスへ  
届いた入学申し込み数が最大人数に満たしていない場合、入学申し込み書が不十分もしくは未完成の  
方たち以外の申し込み者は、ロッタリーズの抽選に登録され、登録完了のメールがロッタリーズから  
届きます。

**ステップ1： 2019年1月10日～1月31日**

ロッタリーズの抽選申し込みは、1月10日から1月31日まで受け付けます。Apply ボタンをクリックして  
いただくと、ロッタリーズのホームページへ移動します。ロッタリーズのホームページにて児童の登録を  
完了後、ロッタリーズ ([tier1support@icag@lotterease.com](mailto:tier1support@icag@lotterease.com)) から登録完了のお知らせがEメールにて届きま  
す。入学手続きに必要な書類は、Enrollment Packet をクリックするとご確認いただけます。ロッタリーズの  
登録完了後、早速、必要な書類のご準備を始めてください。

**ステップ2： 2019年2月1日 発表日**

当選もしくはウェイティング・リストの番号のお知らせが届きますので、Eメールをご確認ください。

**ステップ3： 2019年2月1日～6日**

当選のEメールが届いている場合、ICA ジョージア校、2019年～2020年度の入学確定をするにあたり、  
学校営業日3日以内に"Confirm" ボタンをクリックしてコンファームをしてください。同じEメール内に  
入学及び登録手続きの情報が記載されていますので、ご参照ください。

**ステップ4： 2019年2月15日**

入学手続きに必要な書類をオンラインもしくはファックス (ファックス番号：770-837-0479) にてご送信  
いただくか、郵便にて郵送してください。また、当校のフロントオフィスへ直接お届けいただいても  
構いません。(住所：3705 Engineering Drive, Peachtree Corners, GA 30092、電話番号：770-604-0007、  
営業時間：月～金 7:30am-3:30pm)

ご質問がありましたら、当校のEメール [info@internationalcharteracademy.org](mailto:info@internationalcharteracademy.org) へ日本語もしくは英語にて  
お問合せください。

どうぞよろしくお願いたします。





Parents have two ways to apply: 1) Submit the Admission Application Form in person or via regular mail to 3705 Engineering Drive, Peachtree Corners, GA 30092 or email to [info@internationalcharteracademy.org](mailto:info@internationalcharteracademy.org) ; 2) Register through Lotterease (available on our website [www.internationalcharteracademy.org](http://www.internationalcharteracademy.org)) 3) Fax to: 770-837-0479

### Admission Application Form

Student's Name: \_\_\_\_\_  
                                    Last                                    First                                    Middle

Grade to Enter: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

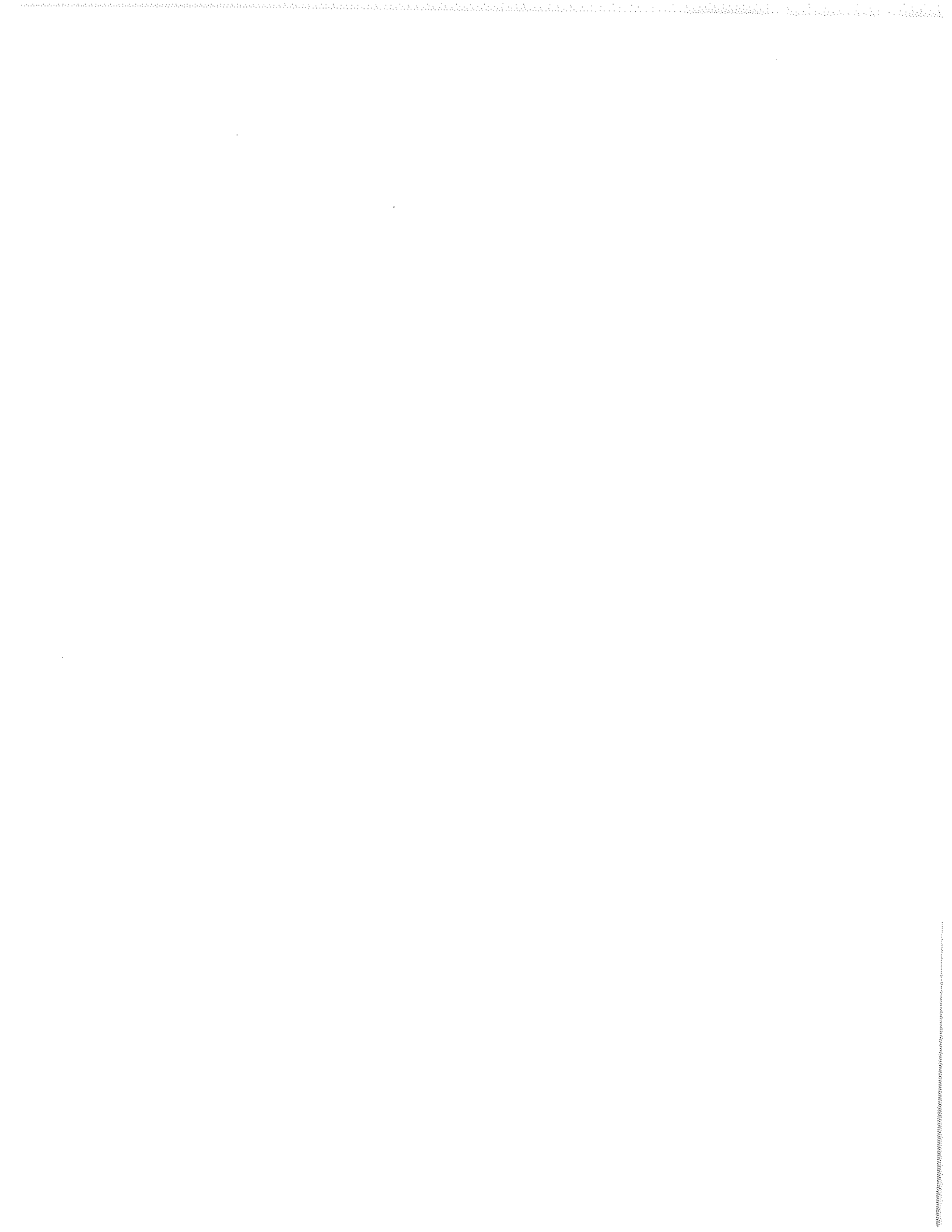
Residential Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_





## School Year 2019-2020

Has your child been accepted to ICAGeorgia? Parents must first apply to Lotterease (available on our website [www.internationalcharteracademy.org](http://www.internationalcharteracademy.org)) and be notified that their children are accepted before the enrollment packet can be accepted by the school. To ensure your child's enrollment, please submit all items listed below. **The documents listed below must be complete in order to secure your student's spot at International Charter Academy of Georgia for the 2019-2020 school year. This packet is also available on our website at [www.internationalcharteracademy.org](http://www.internationalcharteracademy.org).**

Student's Name: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_  
Last First Middle

- Pg. 2-3: Student Enrollment Form
- Pg. 4: Request for Records/Transcripts (Release of Student Records Authorization)
- Pg. 5: Copy of Student's Social Security Card or Social Security Number Waiver Form
- Pg. 7: Proof of Residency (see residency information included in this packet)
- Pg. 8: Considerations & Exceptions for Enrollment
- Pg. 9: Student Health Information Sheet
- Pg. 10: School Medication Authorization
- Pg. 11: Student Authorization to carry inhaler, epinephrine auto injector, epinephrine auto injector, insulin and diabetic supplies or other approved medication if applicable
- Pg. 12-13: Administrative Release and Consent Form
- Pg. 14: Home Language Survey by Georgia Department of Education ESOL & Title III Unit
- Pg. 15: Parent Occupational Survey by Georgia Department of Education
- Copy of Birth Certificate or Passport for non-US citizens
- Copy of Driver's License or other legal form of ID, such as passport of Enrolling Parent/Guardian
- Immunization Certificate – Georgia Department of Human Resources Form 3231 or notarized affidavit signed by all parents/legal guardians that swears or affirms that immunization(s) required conflict with religious beliefs.
- Hearing-Vision-Dental-Nutrition Certificate – GA Form 3300
- Proof of Custody/Guardianship/Foster/Adoption if applicable.
- Special Education Records (IEP/SST/504/Gifted) if applicable.

**Names of parents & students listed on enrollment must coincide with all supporting documentation or legal proof of name change must be provided.**

Date Entered: \_\_\_\_\_  
Office Use Only



Car Rider No: \_\_\_\_\_

### STUDENT ENROLLMENT 2019-2020

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Grade Entering: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Circle One MM/DD/YY

Is the child Hispanic? \_\_\_\_\_ YES \_\_\_ NO First date entered to the U.S. schools: \_\_\_\_\_

Race/Ethnicity: (Choose all that apply): \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Hawaiian/Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Hispanic

Birthplace: \_\_\_\_\_  
City County State Country

Did student attend a Pre-K Program \_\_\_\_\_ Yes \_\_\_ No If Yes: Name of School \_\_\_\_\_

Check if student is CURRENTLY receiving any of these services:  
Special Education \_\_\_\_\_ Gifted \_\_\_\_\_ ESOL \_\_\_\_\_ 504 Plan \_\_\_\_\_ EIP (Early Intervention Program) \_\_\_\_\_ SST \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Step Parent Name (if applicable) \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child Lives With: (circle) Parents Mother Father Step Parent Other (please explain) \_\_\_\_\_

If other than parent, who has legal custody of this child? \_\_\_\_\_ Relationship \_\_\_\_\_ (Documentation of legal custody must be provided)

[OVER]

Do you lack a fixed, regular, or adequate nighttime residence? \_\_\_\_ Yes \_\_\_\_ No

If yes, you or your child

- live in a shelter
- share housing with relatives or others because you lost your housing or cannot afford housing
- live in a campground, car, abandoned building or other inadequate shelter
- do not have a permanent address and/or permanent housing
- live on the street
- if you are an unaccompanied youth

Federally Connected Parent (ex:military, civil service): \_\_\_\_\_ Active Duty \_\_\_\_\_ Civilian Employed on Federal Property

Total Number Living in Your House: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_

List ALL children living in this household (including this student):

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The student will be: \_\_\_\_\_ Car Rider \_\_\_\_\_ Day Care Rider

Daycare with authority to transport student: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons Authorized To Pick Up Student Other Than Parent/Guardian (should match information sheet):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Persons RESTRICTED From Picking Up Student (Legal documentation required if restricted person is parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I affirm that the above student (circle one) **HAS NOT BEEN** **HAS BEEN** expelled from school attendance at any private or public school in Georgia or another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

I certify that all information contained on this enrollment form is true and correct. I understand that I must report any change of residence and submit new proof of residence to International Charter Academy of Georgia.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Request for Records/Transcripts

TO: \_\_\_\_\_  
ATTN: Registrar  
FAX: \_\_\_\_\_

FROM: International Charter Academy of Georgia  
DATE: \_\_\_\_\_  
FAX: 770-837-0479

Please complete this section, then sign and date at the bottom.

Student Name: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_  
Previous School Attended: \_\_\_\_\_  
Previous School District: \_\_\_\_\_  
Previous School Phone: \_\_\_\_\_

Please fax or mail the following records for enrollment:

NOTE: According to the Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within ten calendar days of receipt of request. Schools shall not withhold any student record due to nonpayment fee.

- Withdrawal form
- Birth Certificate
- Immunization Certificate
- EED (Georgia Law)
- Social Security Card
- Attendance (Georgia Law)
- Current Transcript
- Gifted Records
- Discipline Records
- Transfer Grades
- Summer School Grades
- Prior Report Cards
- ESOL Documents
- Benchmark Test Summaries
- Documentation related to commission of any felony offenses
- EIP/Title/Remedial Records
- Special Education Records:
  - SST Information
  - Eligibility
  - Current Psychological
  - Current & Previous IEP Info
  - Any Additional Information

Please indicate whether the student is currently serving a suspension or expulsion from another school & the reason and term of that action.

- Suspension  
 Expulsion

Reason & Term \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If a student was enrolled in Kindergarten, please also have the teacher release the student on GKIDS.  
\*If your office does not house this information, please forward this request to the appropriate personnel.

Please fax or mail records to:  
International Charter Academy of Georgia  
3705 Engineering Drive  
Peachtree Corners, GA 30092  
Phone: 770-604-0007/Fax: 770-837-0479



### Parental Consent:

My consent is given for my child's records and/or other pertinent information to be released to International Charter Academy of Georgia. All information obtained will be strictly confidential. I give permission for International Charter Academy of Georgia to obtain verbal clarification on any information received.

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

According to the Department of Education personally identifiable data utilized in making and maintaining placement in special education programs may be transferred to another school system (in or out of state) which the child plans to attend.

## Social Security Number Waiver Form

Georgia law (O.C.G.A. § 20-2-150) requires public school authorities to request from parents and guardians the Social Security number for students being enrolled in school. The Social Security number is to be incorporated into the official school record for the student.

No student will be denied enrollment in a public school for declining to provide his or her Social Security number or for declining to apply for such a number. A parent or guardian who objects to the incorporation of the social security number into the official school record of their student may have the requirement waived by signing a statement objecting to the requirement.

### Statement of Objection

I do not wish to provide the school with the Social Security number of my child/children.

Name of Child/Children Enrolled at this School (Please Print):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

(Print) Name of Parent/Legal Guardian

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Date







## **Proof of Residency Information**

Proof of Residency in Georgia is required for enrollment at International Charter Academy of Georgia. The person with whom the child lives must attach proof of residency, dated within the last (30) days, and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. Please carefully read the scenarios listed below and provide the documentation that applies to your child's living situation:

Please provide copy of two proofs of residence.

### **List of Acceptable Supporting Documents**

- Current Georgia driver's license or Georgia identification card if the address on the identification is the same as the residential address
- Bank Statement, loan documents, credit card statement, monthly activity statement, voided check
- Home mortgage payment statement
- Health insurance, previously issued W-2 Form 1099, pay stub
- Georgia property tax statement with evidence thereupon of payment
- Voter registration documentation from residing county
- A current motor vehicle registration (tag receipt)
- Cable bill, Telephone or Cell Phone bill, Gas bill
- Receipt to have utilities connected

**Note:** If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible for immediately informing the school of any changes to the court order.



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Considerations and Exceptions for Enrollment

1. Complete enrollment documentation, which can be found on the enclosed checklist, must be received by International Charter Academy of Georgia before enrollment is considered complete. Additional records including medical/health, disciplinary, academic records, and special education or gifted records (if applicable) from previous school(s) must be received by ICAGeorgia before the child may start school. Students are subject to the board policies regarding admission and enrollment at the time their admission is considered complete.
2. Parent engagement is an important part of the educational approach at International Charter Academy of Georgia. International Charter Academy of Georgia encourages all families to attend Academic Parent- Teacher Team meetings and commit to a minimum of 20 hours per school year to support your child's education at ICAGeorgia through various volunteer opportunities.
3. Enrollment at International Charter Academy of Georgia is contingent on disciplinary status determined by the child's previous school. If the behavior infraction resulting in one of the consequences below would result in expulsion according to ICAGeorgia's Code of Conduct, ICAGeorgia reserves the right to deny enrollment. Check any/all of the below that apply to your child:
  - Child is currently suspended from another school or school system
  - Child has been expelled from another school or school system
  - Child is awaiting a discipline tribunal
  - Child has a discipline situation against him/her which restricts them from attending their zoned public school within the local school district

### Parental Pledge

As the parent(s)/guardian(s) of \_\_\_\_\_, I have read carefully and understand the above considerations and exceptions for enrollment at International Charter Academy of Georgia.

Declaration of Trust and Good Faith: I hereby declare that all of the above information is complete and accurate. I understand that failure to disclose important information or falsifying information on this application could result in the disenrollment of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Teacher / Grade \_\_\_\_\_

School Year: \_\_\_\_\_

**STUDENT HEALTH INFORMATION SHEET**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Father/Male Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother/Female Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

In the event the parent/guardian cannot be reached, please list at least two other emergency contact people who will be available to pick up your child from school.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Other Phone \_\_\_\_\_

**MEDICAL DATA**

Primary Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance: (Company Name) \_\_\_\_\_ **OR** (Check one) \_\_\_\_\_ Peach Care \_\_\_\_\_ Medicaid \_\_\_\_\_ None

List ALL MEDICATIONS taken at home and school:

**PLEASE NOTE:** An additional Medication Permission Form(s) is required for medications to be given at school. For safety reasons, ALL medicine furnished to the school must be in the original container brought in by the parent and not the student.

**Medical History:** (Check ALL that apply Y=Yes/N=No)

Asthma \_\_\_\_\_ (Is inhaler prescribed?) \_\_\_Y\_\_\_N Diabetes \_\_\_\_\_ Migraines \_\_\_\_\_

Frequent Nosebleeds \_\_\_\_\_ Heart Issues \_\_\_\_\_ If Yes, describe \_\_\_\_\_

Seizures \_\_\_ (Currently on medication?) \_\_\_Y\_\_\_N Date of last seizure and describe \_\_\_\_\_

Does your child wear glasses/contacts? \_\_\_Y\_\_\_N Hearing aids? \_\_\_Y\_\_\_N

List OTHER diagnosis, illness, limitations, or disabilities not listed: \_\_\_\_\_

Past Hospitalizations/Surgeries \_\_\_ Y \_\_\_ N (If Yes, describe) \_\_\_\_\_

Life threatening allergic reactions (anaphylaxis) diagnosed by doctor? \_\_\_ Y \_\_\_ N

(If Yes, please describe) \_\_\_\_\_

What emergency medication is prescribed? \_\_\_ Benadryl \_\_\_ Epi Pen \_\_\_ Twinject Other: \_\_\_\_\_

Seasonal/Food or other allergies \_\_\_\_\_ (If Yes, describe) \_\_\_\_\_

\*\*In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including calling 911, for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



**SCHOOL MEDICATION AUTHORIZATION**

Please bring this School Medication Authorization form along with the medication to the school nurse or to the front office. PLEASE DO NOT SEND IN WITH YOUR STUDENT.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ School Year \_\_\_\_\_

Drug allergies/reactions: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN AUTHORIZATION (Required for ALL Medications) If medications must be given during school hours, this form must be completed. The parent/guardian must provide the school with the over-the-counter or prescription or homeopathic/supplement medication in the original container with unexpired date. Medication will be given as directed on the package or as directed by the below physician. It is the responsibility of the parent/guardian to notify the school of medication changes and complete a new authorization form as needed.

Name of Medication: \_\_\_\_\_

Frequency/Times to be Given and Dosage: \_\_\_\_\_

Medication for:  This School Year 20\_\_ - 20\_\_ or  Following Dates Only \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (child's parent/guardian), hereby authorize the named Healthcare Provider who has attended to my child, to furnish to the School Health Services Coordinator and/or School Clinic Staff any medical information and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance at ICAGA. This authorization expires as of the last day of the school year.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**PHYSICIAN AUTHORIZATION (Required for Prescription Medications ONLY)**

Name of Medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Time to be Given: \_\_\_\_\_

Start Medication On: \_\_\_\_\_ Stop Medication On: \_\_\_\_\_

Condition/Illness Requiring Medication: \_\_\_\_\_

Common Side Effects of the Medication: \_\_\_\_\_

Physician's Signature  \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



**STUDENT AUTHORIZATION TO CARRY  
INHALER, EPINEPHRINE AUTO INJECTOR, INSULIN AND DIABETIC SUPPLIES.  
OR OTHER APPROVED MEDICATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(PRINT LEGIBLY)

GRADE: \_\_\_\_\_ HOMEROOM TEACHER: \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

**I AGREE TO THE FOLLOWING:**

- I need to carry the following prescription-labeled inhaler, epinephrine, insulin, and/or approved medication  
\_\_\_\_\_  
(PRINT NAME OF MEDICATION LEGIBLY)
- I have been instructed in the proper use of my labeled medication and fully understand how it is administered. I will keep this medication with me and on my person at all times. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription or medication, the privilege of carrying my medication may be reassessed and/or revoked. I also accept the responsibility for notifying the Clinic Assistant or School Cluster/Special Education Nurse each time I take my medication.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

*(We strongly encourages each student to keep a second prescription inhaler, epinephrine, additional Insulin or other prescribed emergency medication in the school clinic in case of emergency and in the event the self-carried medication is lost or left at home.)*

-----  
**To Be Completed by Parent/Guardian**

I hereby request that the above named student, over whom I have legal guardianship, be allowed to carry and use this medication at school:

- I accept legal responsibility should the medication be lost, or not immediately available, given, or taken by a person other than the above named student. I understand that if this happens, the privilege of carrying the medication may be reassessed and/or revoked;
- I accept the responsibility to inform the school of all medication changes or new dosages, and will submit a new form to reflect each change;
- Medications must be in their original labeled container and not expired;
- I release International Charter Academy of Georgia and its employees of any legal responsibility when supervising or assisting when the above named student administers his/her own medication;
- Completion of this form authorizes school representatives to discuss this medication order/request with the prescribing provider or emergency healthcare personnel, if indicated or needed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**International Charter Academy of Georgia  
Administrative Release and Consent Form  
2019-2020 School Year**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**PHOTO/VIDEO RELEASE:**

It is the practice of the International Charter Academy of Georgia to recognize student achievement and accomplishments. I give permission for my student to be photographed, interviewed, have the name published and/or videoed for stories/articles promoting the school or the school system. These stories may appear in newspapers, television, and/or social media. I consent to the release of the photographs/videos to the media for school-related coverage.

\_\_\_\_\_ I give my consent for ICAGEorgia to use pictures/videos of my child.

\_\_\_\_\_ I do NOT give my consent for ICAGEorgia to use pictures/videos of my child.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WEB PAGE:**

It is the practice of the International Charter Academy of Georgia to recognize student achievement and accomplishments. I give permission for photographs and exemplary classroom projects to be posted on the school's web page which can be accessed on the Internet at <http://www.internationalcharteracademy.org>. In posting a photograph or exemplary classroom projects of a student, the school is careful not to associate a student's full name in such a way that it can be identified with the photograph of the student.

\_\_\_\_\_ I give my consent for ICAGEorgia to post my child's work on the ICAGEorgia web page.

\_\_\_\_\_ I do NOT give my consent for ICAGEorgia to post my child's work on the ICAGEorgia web page.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNET RELEASE:**

Part of the curriculum includes educating students on the use of technology. Students will have access to the Internet for research, communications, assessment, and various instructional activities. Access to the Internet will be supervised and monitored during use.

\_\_\_\_\_ I give my consent for my child to access the Internet.

\_\_\_\_\_ I do NOT give my consent for my child to access the Internet.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**International Charter Academy of Georgia  
Administrative Release and Consent Form (Page 2)  
2019-2020 School Year**

**INSTRUCTIONAL MATERIAL:**

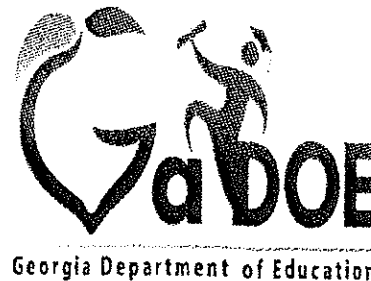
Students will have access to a variety of instructional resources including: text books, computers, and instructional games and supplies, and physical education equipment. Students will also have access to school facilities. Because our resources are limited, we must ensure that they are maintained.

\_\_\_\_\_ I understand that I am responsible for replacing or paying for items and property that are lost or damaged by my child which are under the control, supervision, or ownership of ICAGeorgia.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Georgia Department of Education  
ESOL & Title III Unit

**Required Home Language Survey**



Dear Parent or Guardian:

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

Thank You

**Student Name (required information):**

---

**Language Background (required information):**

1. Which language does your child best understand and speak?

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2. Which language does your child most frequently speak at home?

---

3. Which language do adults in your home most frequently use when speaking with your child?

---

**Language for School Communication (not required):**

4. In which language would you prefer to receive all school information?

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Signature of Parent/Guardian/Other

---

Date





Georgia Department of Education

Richard Woods, Georgia's School Superintendent  
"Educating Georgia's Future"

Date Completed: \_\_\_\_\_

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive additional services under Title I, Part C**

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 reside? \_\_\_\_\_

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)

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

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

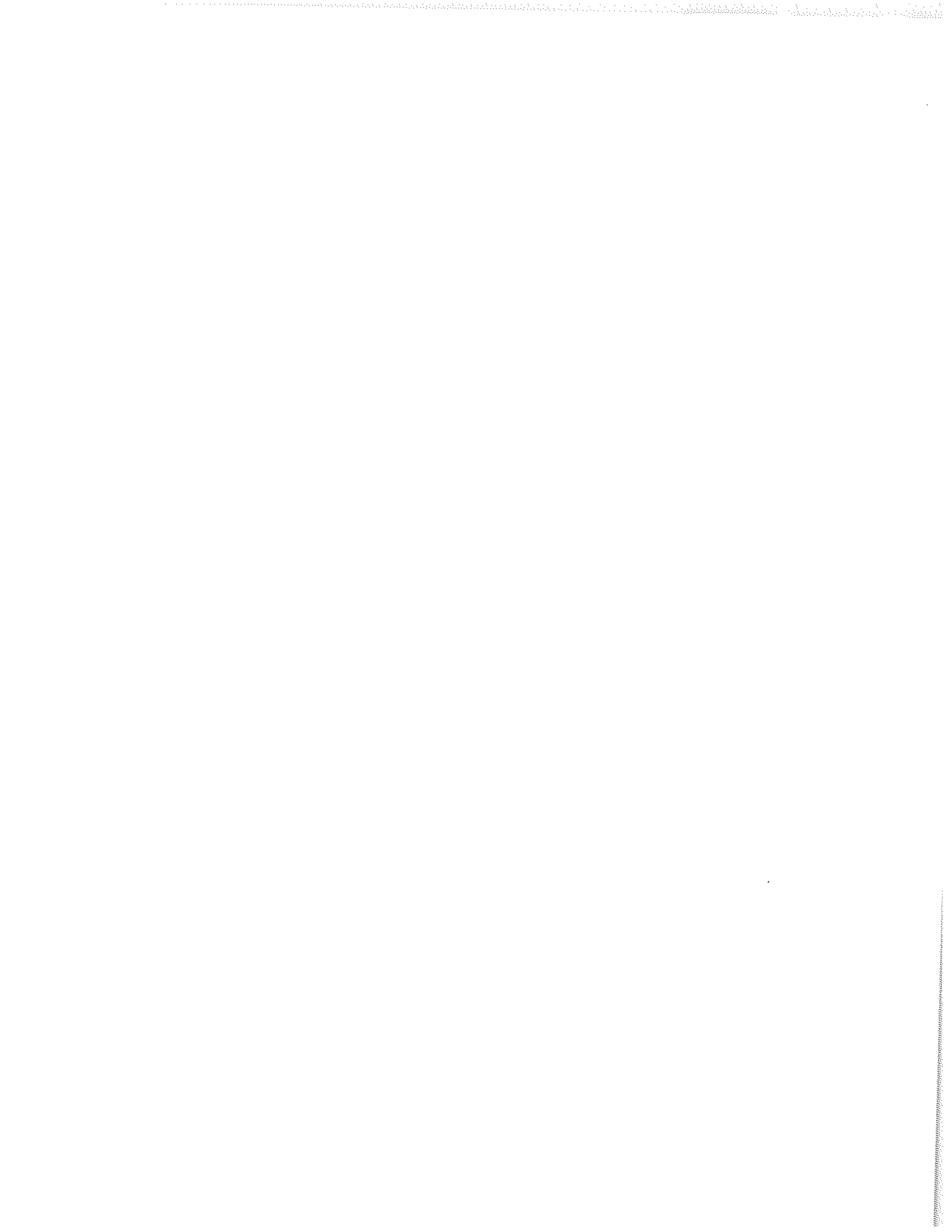
**Thank You!**

**Please return this form to the school**

*The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.*

**Note for the school/district:** When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415  
 Toll Free (800) 621-5217 Fax (912) 842-5440  
 GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
 Toll Free (866) 505-3182 Fax (229) 546-3251



INTERNATIONAL CHARTER ACADEMY

NOTARIZED RESIDENCY AFFIDAVIT

DOE Rule 160-5-1-.28

This form shall be completed for students seeking enrollment at International Charter Academy, who live with their parents or legal guardians, but reside in the home of another adult. Residency Affidavits should be resubmitted annually at least 2 weeks prior to the beginning of each school year.

This form shall be completed by the adult with whom the student and parent/guardian are living.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

The student whose legal name is \_\_\_\_\_ and whose birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_ lives with me at the following address:  
(day/month/year)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Apartment Manager/Landlord Witness Signature

\_\_\_\_\_  
Date

---

I. Reason the student is living with above named adult (check one or as many as apply)

A. \_\_\_\_ The loss or inhabitability of the student's home as a result of a natural disaster.

B. \_\_\_\_ The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.

C. \_\_\_\_ Other circumstances (explain below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERNATIONAL CHARTER ACADEMY

NOTARIZED RESIDENCY AFFIDAVIT

DOE Rule 160-5-1-.28

2. The name and last known address of the child's parent(s) or legal guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. This student began 24 hours per day and seven days per week residency in my home on  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

4. The name and address of the last school that the student attended is:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. The Superintendent of International Charter Academy or his or her designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the state charter public school system. The audit may also include a personal visit by a school district attendance officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

**Assurances:**

1. I attest that this request to attend \_\_\_\_\_ School is not primarily related to attendance at a particular school, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or any other similar reason.

2. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.

INTERNATIONAL CHARTER ACADEMY  
NOTARIZED RESIDENCY AFFIDAVIT

DOE Rule 160-5-1-.28

3. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

**NOTICE OF PENALTIES AND LIABILITY**

**I understand that:**

If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student is enrolled and shall remunerate ICAGeorgia as set forth in O.C.G.A. 20-2-133 (a) \_\_\_\_\_  
(Initial)

If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same \_\_\_\_\_  
(Initial)

I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9- 1. \_\_\_\_\_  
(Initial)

I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both if I am found guilty of false swearing pursuant to O.C.G.A. 16-10-71. \_\_\_\_\_  
(Initial)

By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of affiant (adult with whom the child/parent is living)

\_\_\_\_\_  
Signature of parent/legal guardian

State of: \_\_\_\_\_, County of: \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said county and state do hereby certify that  
\_\_\_\_\_ & \_\_\_\_\_ personally appeared before  
me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Seal

