New Student Enrollment Packet  
School Year 2021-2022  

Before completing the New Student Enrollment Packet, you must apply on Lotterease (available at www.Internationalcharteracademy.org/admissions) or paper-based application (available at our office) and be notified that your child is accepted/confirmed. Below is a checklist of items. In order to secure your student’s spot at International Charter Academy of Georgia for the 2021-2022 school year, please read carefully and submit all applicable items listed below within 7 days after formal acceptance/confirmation to admissions@internationalcharteracademy.org or hand-deliver them to the office by appointment or mail/fax them to the office (3705 Engineering Drive, Peachtree Corners, GA 30092 / FAX: 770-837-0479).

Student’s Name: ___________________________________________ Grade to Enter: _______

Check list:

☐ P2-3: Student Enrollment Form
☐ P4: Proof of Residency (see residency information included in this packet)
☐ P5: Social Security Number Waiver Form
☐ P6: Request for Records/Transcripts (Release of Student Records Authorization)
☐ P7: Student Health Information Sheet
☐ P8: School Medication Authorization
☐ P9: Student Authorization to carry inhaler, epinephrine auto injector, epinephrine auto injector, insulin and diabetic supplies or other approved medication if applicable
☐ P10: Georgia Form 3231 & 3300
☐ P11: Affidavit of Religious Objection to Immunization if applicable
☐ P12-13: Home Language Survey by Georgia Department of Education ESOL & Title III Unit
☐ P14: Parent Occupational Survey by Georgia Department of Education
☐ P15: Administrative Release and Consent Form
☐ P16: Considerations & Exceptions for Enrollment

Additional documents required for enrollment

☐ 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
☐ Copy of Student’s Social Security Card (or Social Security Number Waiver Form on page 5)
☐ Proof of Residency (see page 4)
☐ 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 – see page 10 & 11.
☐ Hearing-Vision-Dental-Nutrition Certificate – GA Form 3300 (see page 10)
☐ 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: ______________  Car Rider No: __________
Office Use Only

STUDENT ENROLLMENT FORM 2021-2022

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
☐ Yes, Mexican  ☐ Yes, Puerto Rican  ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino or Spanish origin – Print origin ________________________________

Race/Ethnicity: (Choose all that apply): ☐ White  ☐ Black/African American  ☐ American Indian/Alaska Native
☐ Asian Indian  ☐ Chinese  ☐ Filipino  ☐ Japanese  ☐ Korean  ☐ Vietnamese  ☐ Native Hawaiian
☐ Guamanian or Chamorro  ☐ Samoan  ☐ Other Pacific Islander – print race ________________________
☐ Other Asian – print race____________________  ☐ Other race – print race ________________________

Birthplace: ____________________________________________________________

City  County  State  Country

First date entered to the U.S. schools: __________  Did student attend a Pre-K Program in the US? ___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: ________________________________________________________

Resident County: ___________________________  Resident District: ___________________________

Mailing Address (if different): _____________________________________________________

Mother’s Name: __________________________________  Employer: ___________________________

Home Phone: ___________  Cell Phone: ___________  Preferred Phone: ___________

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: ______________________

Home Phone: ___________  Cell Phone: ___________  Preferred Phone: ______________________

Occupation: ______________________  Work Phone: ___________  Email: ______________________

[OVER]
Child Lives With: (circle) Parents  Mother  Father  Step Parent  Other (please explain)____________
If other than parent, who has legal custody of this child? ____________________________
Relation ________________ (Documentation of legal custody must be provided)

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):

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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<tbody>
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</tbody>
</table>

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: ______________

How did you find out about our school? ________________________________________________

3
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 a 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.
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
Request for Records/Transcripts

TO: ___________________________ FROM: International Charter Academy of Georgia
ATTN: Registrar DATE: ________________
FAX: ___________________________ FAX: 770-837-0479

Please fax or mail the following records for enrollment:

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

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

* 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.
# Student Health Information Sheet

**Please ensure that all questions are answered thoroughly.**

## Student Information

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Entering Grade:</th>
<th>Date of Birth:</th>
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<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Home Phone #:</th>
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</table>

<table>
<thead>
<tr>
<th>Father/Male Guardian Name:</th>
<th>Cell #:</th>
<th>Work #:</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Mother/Female Guardian Name:</th>
<th>Cell #:</th>
<th>Work #:</th>
</tr>
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</table>

In the event of 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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship</th>
<th>Phone #:</th>
<th>Other phone:</th>
</tr>
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<thead>
<tr>
<th>Name:</th>
<th>Relationship</th>
<th>Phone #:</th>
<th>Other phone:</th>
</tr>
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<tbody>
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</tbody>
</table>

## Medical Data

<table>
<thead>
<tr>
<th>Primary Care Provider Name:</th>
<th>Phone #:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Medical Insurance (Company name):</th>
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<tbody>
<tr>
<td>Peach Care</td>
</tr>
</tbody>
</table>

## Medications

- **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)**
- **Diabetes**  [ ]  **Migraines**  [ ]  **Frequent Nosebleeds**  [ ]
- **Asthma:** is inhaler prescribed?  [ ] YES  [ ] NO
- **Seizers:** currently on medication?  [ ] YES  [ ] NO  Date of last seizure________________
- Describe

- [ ] Heart Issues / Describe:

- Does your child wear glasses/contacts?  [ ] YES  [ ] NO  Hearing aids?  [ ] YES  [ ] NO
- List OTHER diagnosis, illness, limitations, or disabilities not listed above: ____________________________
- Past Hospitalizations/Surgeries  [ ] YES  [ ] NO  If yes, describe ____________________________
- Life threatening allergic reactions (anaphylaxis) diagnosed by doctor?  [ ] YES  [ ] NO  If yes, describe ____________________________

- What emergency medication is prescribed?  [ ] Benadryl  [ ] Epi Pen  [ ] Twinject  [ ] Other: ____________________________
- Seasonal/Food or other allergies  [ ] YES  [ ] NO  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.**

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.

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Grade:</th>
<th>Birth Date:</th>
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<tbody>
<tr>
<td>Drug allergies/reactions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency / Times to be given and dosage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication for □ This School Year □ Following Dates Only ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Name:</td>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage:</th>
<th>Route:</th>
<th>Frequency/Time to be Given:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition/Illness Requiring Medication:</td>
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<tr>
<td>Common Side Effects of the Medication:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Name (Print):</td>
<td>Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Signature:</td>
<td>Date:</td>
<td></td>
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</tr>
</tbody>
</table>
STUDENT AUTHORIZATION
TO CARRY INHALER, EPINEPHRINE AUTO INJECTOR, INSULIN AND DIABETIC SUPPLIES.
OR OTHER APPROVED MEDICATION

Student Name__________________________________________ Grade: _____ Date of Birth _____________________

(PRINT LEGIBLY)

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
Immunizations and Health Certificates (Forms 3300 and 3231)

GA Form 3231 (CERTIFICATE OF IMMUNIZATION)
Georgia Law requires children attending school (Kindergarten – 12th grade) to be age appropriately immunized with all the required vaccines at the time of first entry in school. A new entrant is a child entering a school in Georgia for the first time or entering after having been absent from a Georgia school for more than 12 months or one school year. All students, regardless of grade and including foreign exchange students, must have the Georgia Department of Human Resources Form 3231 immunization certificate marked “Complete for School”. If you need the Affidavit of Religious Objection to Immunization, please see the following page.

Form 3300 (Certificate of Eye, Ear, Dental Exam)
A student, regardless of grade level, who has never been in a Georgia public school must provide certification of eye, ear, dental and nutrition examinations on the Georgia Department of Human Resources Form 3300. Any child admitted to school without a certificate must present one within 90 calendar days. Forms may be obtained and completed at the local public health departments or physician offices.
AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

__________________________ (name of parent or guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of _____________________________ (name of minor child), born on ________________ (date of birth).

2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases before being admitted to a child care facility or school: diphtheria; Haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal disease (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).

3. I understand that the Georgia Department of Public Health has determined:
   a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
   b. that the required vaccinations are safe;
   c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
   d. that a child who does not receive the required vaccinations is at risk of spreading these diseases to me, to other children in the child care facility or school, and to other persons.

4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.

5. I understand that, notwithstanding my religious objections, my child may be excluded from child care facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

   This ____ day of _______________. _______

__________________________

Parent or Legal Guardian

Sworn and subscribed before me this ___ day of ____________________, ______

__________________________

Notary Public

My commission expires ____________________

Form 2208
Revised June 2019

We protect lives.
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?

_____________________________________________________________

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?

_____________________________________________________________

Signature of Parent/Guardian/Other  Date
保護者さまへ

お子さまへ最適な学業を提供するにあたり、英語のスピーキング・レベルそして英語理解力を判定する必要があります。まずこのアンケートにご回答していただくことにより、お子さまが英語の言語サポートを受けられる対象者であるかを学校側が判断する手助けになります。最終的な判断は、英語言語テストの結果を基に確定いたします。

どうぞよろしくお願いいたします。

児童名（必須、ローマ字）：
__________________________________________________________

言語調査（必須）：

1. お子さまが最も理解でき、話すことができる言語は何語ですか？
   __________________________________________________________

2. お子さまが最も話す言語は何語ですか？
   __________________________________________________________

3. お子さまが学校で、大人がお子さまと話す際に使う言語は何語ですか？
   __________________________________________________________

学校連絡用の言語調査（オプション）

4. 学校からの連絡事項は何語をご希望でしょうか。
   __________________________________________________________

ご署名（保護者）：

日付
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)/taking 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!

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 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) 631-5217 Fax (912) 842-3440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 305-3182 Fax (229) 546-3251
International Charter Academy of Georgia
Administrative Release and Consent Form
2021-2022 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________________________

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________________________
Considerations and Exceptions for Enrollment

1. Complete enrollment documentation, which can be found on the 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: _____________