New Student Enrollment Packet
School Year 2022-2023

Before completing the New Student Enrollment Packet, you must apply on Lotterease (available at www.internationalcharteracademy.org/admissions) or paper-based application (available online or 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 2022-2023 school year, please read carefully and submit all applicable items listed below within 5 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: Office Card
☐ P5: Housing Information Survey Form
☐ P6: Proof of Residency (see residency information included in this packet)
☐ P7: Social Security Number Waiver Form
☐ P8: Request for Records/Transcripts (Release of Student Records Authorization)
☐ P9: Student Health Information Sheet
☐ P10: School Medication Authorization
☐ P11: Student Authorization to carry inhaler, epinephrine auto injector, epinephrine auto injector, insulin and diabetic supplies or other approved medication if applicable
☐ P12: Georgia Form 3231 & 3300
☐ P13: Affidavit of Religious Objection to Immunization if applicable
☐ P14-15: Home Language Survey by Georgia Department of Education ESOL & Title III Unit
☐ P16: Parent Occupational Survey by Georgia Department of Education
☐ P17: Administrative Release and Consent Form
☐ P18: 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.
STUDENT ENROLLMENT FORM 2022-2023

Student Information
Full Legal Name: ___________________________ Suffix: _____ Gender: M / F
Last First Middle Circle One
Preferred Name: __________________________ Date of Birth*: ____________ Grade Entering: ____ SS#: / / 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

* Entry Age for Public Kindergarten and First Grade in Georgia
A child must be five years old on or before September 1 to enter a public Kindergarten. The child must be six years old on or before September 1 to enter first grade. School systems must verify age before enrollment.

A child who was a legal resident of one or more states for a period of two years immediately prior to moving to Georgia and who was legally enrolled in either a public Kindergarten or first grade, or a private Kindergarten or first grade accredited by a state or regional association, would be eligible to enroll in Georgia schools, provided that the Kindergartner is five years old by December 31 or the first grader is six by that date.

Registration Information
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: ________________________________
Child Lives With: (circle) Parents  Mother  Father  Step Parent  Other (please explain)  

If other than parent, who has legal custody of this child?  

Relationship:  

Is this student in permanent, temporary or emergency foster care placement?  
__Yes  ___No  Please circle: Permanent, Temporary or Emergency  

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):  

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<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
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Academic Information  
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:  
Name & Address of last school attended:  

Please check-mark the following if student is CURRENTLY receiving any of these services:  

- Special Education  - Gifted Education  - Remedial Education  - ESOL  
- EIP (Early Intervention Program)  - Title I  - Student Support Team (SST)  - 504 Plan  

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?  

International Charter Academy of Georgia
SY2022-2023
Office Card

Student Name/児童名: ____________________________ (Last/ラストネーム)
(First/ファーストネーム)

2022-2023 Teacher/担任教師名: ____________________ Grade/学年: ____________
Leave blank if not announced yet

Home Address/住所:

Parent/Guardian 1/保護者1: ____________________________ Cell Phone #/携帯番号:

Place of Employment/勤務先: ____________________________ Work#/#勤務先電話:

Parent/Guardian 2/保護者2: ____________________________ Cell Phone #/携帯番号:

Place of Employment/勤務先: ____________________________ Work#/#勤務先電話:

AfterSchool Transportation/下校時お迎え: Car Rider / Daycare Rider Carpool Tag #/#カープール札番号:
Leave blank if not announced yet

If using afterschool childcare center to pick-up your child, please write their contact information.
お迎えサービスをご利用の場合、以下情報をご記入ください。

Afterschool Childcare Company Name/社名: ____________________________ Phone #/#電話番号:

ONLY THE FOLLOWING PERSONS ARE ALLOWED TO PICK UP THIS CHILD FROM SCHOOL (INCLUDE PARENT’S NAME IF APPLICABLE)
下校の際、上記児童のお迎えは以下の大人のみによるお迎えを許可します。ICAジョージア・ファミリーのどなたかにお願いする際も、その方のお名前を以下列記してください。

NAME(名前) RELATIONSHIP TO CHILD(児童との関係) DAYTIME PHONE #(#携帯番号)


Persons RESTRICTED from picking up your child (Legal documentation required if restricted person is parent. Please submit the legal documentation to the Admissions office.): 下記によるお迎えを許可しません。（許可されていない方が親である場合、法的文書が必要です。書類をオフィスの入学手続き担当者へ提出してください。）

NAME(名前) RELATIONSHIP TO CHILD(児童との関係)


Does your child have any food allergy? お子さまは食物アレルギーをお持ちですか？ Yes / No
If yes, please list of food that your child is allergic to. 食物アレルギーをお持ちの場合、アレルギー反応のある食べ物を以下列記してください。

ALL CUSTODIAL PARENTS/GUARDIANS MUST SIGN BELOW
上記児童の親権をお持ちの保護者のみなさまは以下ご署名ください。

Signature/ご署名: ____________________________ Date/日付: ____________________________
Signature/ご署名: ____________________________ Date/日付: ____________________________

RETURN THIS CARD TO THE OFFICE / ご記入後、事務所へご提出ください。
Please make sure to update information throughout the year by filling out a new card in the front office. Thank you.
内容が変更になる際、事務所にて情報を更新してください。よろしくお願いいたします。
Housing Information Survey Form SY2022-2023

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student Name:_________________________ Parent/Guardian:_________________________

Student Age:__________ Grade (SY22-23): ________ Date Of Birth (MM/DD/YYYY):______________ Male / Female

Address:__________________________________________________________

City:_________________________ Zip Code:_________________________

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, Car, or Campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)
- Not homeless: the student is permanently housed as of ______________

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)__________________________________________

Are you a student living apart from your parents or guardians?  Yes or No or Not Applicable

Housing and Education Rights

Students without fixed, regular, and adequate nighttime residences have the following rights under the McKinney-Vento Act:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;

2) Transportation to the school of origin for the regular school day;

3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at 770-604-0007.

By signing below, I acknowledge that I have received and understand the above rights.

_________________________  __________________________
Signature of Parent/Guardian  Date

_________________________  __________________________
Signature of McKinney-Vento Liaison  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 a copy of 2 (two) proofs of residence.
List of Acceptable Supporting Documents (please check-mark the documents you have provided.)

- 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:

- 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.
# 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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<th>Home Address:</th>
<th>Home Phone #:</th>
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<th>Father/Male Guardian Name:</th>
<th>Cell #:</th>
<th>Work #:</th>
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<th>Mother/Female Guardian Name:</th>
<th>Cell #:</th>
<th>Work #:</th>
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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.

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<tr>
<th>Name:</th>
<th>Relationship</th>
<th>Phone #:</th>
<th>Other phone:</th>
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## MEDICAL DATA

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<th>Primary Care Provider Name:</th>
<th>Phone #:</th>
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Medical Insurance (Company name): □ Peach Care □ Medicaid □ None

## 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
- Seizures: 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>
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<tr>
<td>Name of Medication:</td>
<td></td>
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<tr>
<td>Frequency / Times to be given and dosage:</td>
<td></td>
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<tr>
<td>Medication for □ This School Year □ Following Dates Only □</td>
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<tr>
<th>Physician’s Name:</th>
<th>Phone Number:</th>
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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)

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<tr>
<th>Name of Medication</th>
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<tr>
<td>Dosage:</td>
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<tr>
<td>Start Medication On:</td>
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<tr>
<td>Condition/Illness Requiring Medication:</td>
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<tr>
<td>Common Side Effects of the Medication:</td>
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<tr>
<td>Physician’s Name (Print):</td>
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<tr>
<td>Physician’s Signature:</td>
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</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
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ために、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. ご家庭で、お子さまが最も話す言語は何語ですか？

________________________________________________________

3. ご家庭で、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)/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 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) 505-3182 Fax (229) 546-3251
International Charter Academy of Georgia  
Administrative Release and Consent Form  
2022-2023 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: __________