

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

Helping students learn to use their minds well

APPLICATION FOR ENROLLMENT

PLEASE PRINT CLEARLY WITH INK PEN. CIRCLE CHOICES THAT APPLY.

GRADE LEVEL ENTERING:	KINDERGARTEN		FIRST	SECOND	THIRD								
	FOURTH	FIFTH	SIXTH	SEVENTH	EIG	нтн							
*IF ENTERING KINDERGARTEN, SCHOOL YEAR FOR ENROLLIN SEPTEMBER 1 st OF THE CURREN	MENT/IF ENTERIN	IG FIRST											
STUDENT'S LEGAL NAME:													
STUDENT'S LEGAL NAME:	LAST		FIRST			MIDDLE							
NAME USED:): STUDENT'S DATE OF BIRTH (MM/DD/YYYY):												
NAME OF PARENT/GUARDIAN:													
ADDRESS:													
CITY:			ZIP:										
PRIMARY #: ALTERNATE PHONE #:													
E-MAIL ADDRESS (Please print cle	arly in the boxes be	elow)											
PLEASE LIST SIBLINGS AND OTHER CHILDREN IN THE HOUSEHOLD: NAME: GRADE: SCHOOL:													
NAME:													
1 47 (1VI)				J. 100L									



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PLEASE INITIAL THE FOLLOWING STATEMENTS

∞	than spaces available at a grade level there will be a random lottery to determine enrollment for that grade								
∞	level I understand that if my contact information changes, I must notify Atlanta Neighborhood Charter School offices or I may risk the loss of my student's placement								
	REC	QUIRED PARENT/GU	ARDIAN RESIDENCY	/ NOTICE					
their natural p full-time City of policy, a resid City of Atlan	tice: to be enrolled in Atlant parent(s), legal guardian(s), of Atlanta residents for the e- ent is defined as an individual ta School) and who, on an owns property in the City of s policy.	or legal custodian(s). entire period of enrollmulal who is a full-time of my given school day, is	Students and their pent in Atlanta Neighboroupant of a dwelling slikely to be at their	parent(s)/guard orhood Charte located in the stated addres	dian(s)/custodian(s) must or School. For the purpose City of Atlanta (and zone of when not at work or scl	remain of this d for a nool. A			
		PARENT/GUAR	DIAN SIGNATURES						
	AFFIRM THAT I AM A FUL HOOD CHARTER SCHOOI THE		THE INFORMATION	I I HAVE GIVE					
Paren	nt/Legal Guardian Signature			Parent/Le	gal Guardian Signature	_			
	Date		-		Date				
		DO NOT V	RITE BELOW						
		FOR SCHOOL C	FFICIAL USE ONLY	′					
TIME AND DA	ATE STAMP:								
Location Submitted:	Grade Enter		Registration Zone:		Sibling:				
						_			
	School Official Signatu	re			Date	_			