



Georgia Cyber Academy
1745 Phoenix Blvd., Ste. 100
Atlanta, GA 30349
<https://www.georgiacyber.org/>
Tel: 404-334-4790

State Charter School District: 782 | School Code: 0120

2019-2020 EMERGENCY ENROLLMENT APPLICATION

You are required to submit this documentation in order to complete this step in the enrollment process. You can fax to (770) 372-1983, scan and email to enrollment@georgiacyber.org, or mail the required paperwork. Please complete one packet for each student you wish to enroll.

Applicant's 2019-2020 Enrollment Grade _____

HOUSEHOLD INFORMATION

Proof of Residence is required. Please submit valid proof of residence required to complete the application for approved enrollment.

HOME ADDRESS

Street Address _____

City _____ State _____ Zip Code _____ County _____

MAILING ADDRESS *if different from home address*

Street Address _____

City _____ State _____ Zip Code _____ County _____

PARENT/GUARDIAN INFORMATION

Please submit guardian information below. A government issued photo ID in legal guardian's name will be required to submit along with this application packet.

First Name _____ Last Name _____ Suffix _____ Relationship to student _____

Gender (Male or Female) _____ Date of Birth _____

Primary Phone number _____ Secondary Phone _____ Email Address _____

Is this parent currently active duty military or has been in the past? _____ Yes _____ No

First Name _____ Last Name _____ Suffix _____ Relationship to student _____

Gender (Male or Female) _____ Date of Birth _____

Primary Phone number _____ Secondary Phone _____ Email Address _____

Is this parent currently active duty military or has been in the past? _____ Yes _____ No



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MIGRANT WORKER

1. Has anyone in your household moved in order to work in another city, county, or state in the last 3 years?

____ Yes ____ No

2. Has anyone your house household been involved in one of the following occupations either full or part-time or temporarily during the last three (3) years?

____ Yes ____ No

If Yes, check all that apply.

____ Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)

____ Planting, growing, cutting, processing trees (pulpwood), or raking pine straw

____ Processing/packing/agricultural products

____ Dairy/poultry/livestock

____ Meatpacking/meat processing/ seafood

____ Fishing or fish farms

____ Other (please specify) _____

EMERGENCY CONTACT(S)

Please submit your student's emergency contact(s) information below. In AN EMERGENCY, if parent/guardian cannot be contacted, please call one of the following Emergency Contacts listed. Proper identification will be required before a student is released to the care of emergency contact, or information is shared with any emergency contacts.

First Name	Last Name	Suffix
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Gender (Male or Female)	Date of Birth	
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Primary Phone number	Email Address if applicable	Relationship to student
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First Name	Last Name	Suffix
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Gender (Male or Female)	Date of Birth	
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Primary Phone number	Email Address if applicable	Relationship to student
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LEARNING COACH

All GCA students are required to have a Learning Coach. **The primary duties of the Learning Coach are as follows:** enter their student's attendance daily, read their GCA emails at least once daily, answer all communications within 24 hours, complete all paperwork requests, complete all surveys, keep the student's information up to date, monitor their student's assignment completion and grades daily, ensure that their student attends all required live classes, monitors their student when taking assessments and tests to ensure that no 'additional help' is provided that might mask whether a student truly understands the concepts or not, communicate with their student's teacher and FSL whenever they feel that a student is struggling or needs additional support.

First Name	Last Name	Suffix
<hr/>		
Gender (Male or Female)	Date of Birth	
<hr/>		
Primary Phone number	Email Address if applicable	Relationship to student
<hr/>		

STUDENT INFORMATION / DEMOGRAPHICS

All fields are required for application processing. Please complete in its entirety all fields listed below.

Legal First Name	Legal Middle Name (required if on the birth certificate)	Legal Last Name	Suffix
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Gender (Male or Female)	Date of Birth	Nickname	
<hr/>			
Student Cell Number if applicable		Student Email Address if applicable	
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Foreign Exchange Student? ____ Yes, this is a foreign exchange student ____ No, this is not a foreign exchange student

Are you submitting your child's social security number to GCA? ____ Yes ____ No (if no, please submit our social security number waiver. NOTE: Failure to provide student's SSN will inhibit HOPE eligibility. For re-enrolling students, your Counselor will let you know during your senior year if you do not have your SSN on file.

Social Security Number ____ - ____ - ____ (please submit a copy of social security card to application)

Is your student thinking about or planning on playing college athletics for an NCAA school? ____ Yes ____ No

Please indicate by selecting yes or no if you would like your student to opt-in to text messages regarding your student's academic performance and other school information.

____ Yes ____ No

STUDENT RACE / ETHNICITY

All fields are required for application. Please complete in its entirety all fields listed below.

Is this student Hispanic/Latino? ____ Yes ____ No

* Hispanic/Latino is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The question above asks about ethnicity rather than race. Next, please what you consider your student's race to be.

What is the student's race? (Choose all that apply. At least one selection is required.)

____ **American Indian or Alaska Native**

A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.

____ **Asian**

A person having origins in any of the original peoples for the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.



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☐ **Black or African American**

A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Other**

STUDENT HOUSING / DISPLACED FAMILY ELIGIBILITY

1. Presently, with whom is the student living? (Check one)

☐ With Parent(s) or Legal Guardian(s)

☐ With Friends or family members (☐ with parent(s)/guardian(s) or ☐ without parent(s)/guardian(s))

2. Presently, where is the student living? (Check one)

☐ Home I own *if checked, you are finished with this section of the application*

☐ Home/apartment I rent *if checked, you are finished with this section of the application*

☐ Hotel / Motel *if checked please complete questions 3-6*

☐ Unsheltered (car/campsite etc.) *if checked please complete questions 3-6*

☐ Double-up (living with more than one family in a house or apartment) *if checked please complete questions 3-6*

☐ Shelter or transitional housing *if checked please complete questions 3-6*

3. How many years/mos. has your student lived at the above residence?

4. Have you been forced in or from your current residence because of economic hardship or other hardship?

☐ Yes ☐ No

If Yes, Explain: _____

5. Do you work in agriculture and does your residence depend on seasonal work?

☐ Yes ☐ No

6. If you are not the Legal Guardian, please check your relationship to the student

☐ Caregiver ☐ Host ☐ Self



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STUDENT SERVICES

Please fill out this section if applicable and submit all pages of your eligibility documents with this enrollment packet.

Does your student have a current or previous IEP that provided services offered through Special Education?

☐ Yes ☐ No

Does your student have a current 504 plan?

☐ Yes ☐ No

Has your student previously received gifted/talented services as a result of an eligible gifted status?

☐ Yes ☐ No

STUDENT LANGUAGE

Language Background / Language of origin (required information)

What is your student's primary language?

Which language does your student best understand and speak?

Which language do the adults in your home most frequently use when speaking with your student?

Which language does your student most frequently speak at home?

Has your student ever received English as a Second Language (ESL/ELL) services? ☐ Yes ☐ No

PREVIOUS SCHOOL

Is your student currently suspended from another school? ☐ Yes ☐ No (if yes, please provide discipline records)

Is your student currently expelled from another school? ☐ Yes ☐ No (if yes, please provide discipline records)

Previous School Type: ☐ Never Attended ☐ Homeschool ☐ Public ☐ Private School

Name of School

County

Street Address

City

State

Zip Code

Phone number

Please include previous school transcript (required for rising 10th – 12th graders) or report card (required for 1st – 9th graders) or homeschool report card or GCA Homeschool Transcript (for rising 9–12th grade). If your student had a gap in education, please complete the GCA Statement Acknowledging Missing Attendance Form. For a copy of the GCA Homeschool Transcript, visit [georgiacyber.org](https://www.georgiacyber.org/). For a copy of the Missing Attendance Form, visit [georgiacyber.org](https://www.georgiacyber.org/). You may also email enrollment@georgiacyber.org.



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GUARDIANSHIP

If the Legal Guardian submitting this enrollment packet **is not** recorded within the birth certificate, please include legal guardianship documents. If not available, complete a non-parental affidavit form or provide other legal documentation. For a copy of the non-parental affidavit form please visit georgiacyber.org or email enrollment@georgiacyber.org.

HEALTH SERVICES

In this section, please list any medical or mental health conditions and medications for your student. (If applicable).

_____ No medical or mental Health Conditions

Condition	Comments and Instructions

_____ No medications

Medication	Where is medication taken? (home/ school / both)	Medication Type (Daily, Emergency, As needed)	Comments / Instructions

Your student's current immunization records (GA Immunization 3231 Form) or signed and notarized DPH religious exemption will be required to submit along with this application packet. Also, your student's Certificate of Vision, Hearing, Dental, and Nutrition Screening Form will be required to submit along with this application packet.

COMPUTER

Computers are only shipped to the primary address on file validated by the proof of residence.

Does your student require a loaner computer to successfully complete school on a daily basis? _____ Yes _____ No

Will your student have daily access to the internet? _____ Yes _____ No

PERMISSIONS

_____ Yes – I give permission for my child to participate in any public or school media publication

_____ No – I do not consent to the School and/or District's use of my child's photograph, voice and/or name in various media projects

_____ Yes - I agree with all terms as stated in the liability release agreement and give permission for my student to participate in any school and/or district events to include, but not limited to, field trips, meet & greets, and face to face events.

_____ No - I do not consent for my student to participate in school and/or district events. I recognize by not providing consent that my student will not be allowed to participate in any school and/or district events to include, but not limited to, field trips, meet & greets, and face to face events. (Note: Lack of consent to participate in school and/or district events does not exclude students from testing requirements.)



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GCA Loaner Computer Acknowledgement

____ By initialing this box, I am confirming that I understand the loaner computers are property of Georgia Cyber Academy. I understand that once my student is no longer enrolled with GCA, I must return the loaner computer or will be charged for the stolen property.

CERTIFICATION & SIGNATURE

By signing below, you are verifying that you are the student's legal guardian or care provider. You are also certifying that all the information contained on this Admissions Form is true and correct including, but not limited to, FERPA and the Acceptance and Agreement to Use of Instructional Property. You understand that completion of this Enrollment Application does not guarantee your student's acceptance into the program. You also understand that, once submitted, you will not be able to edit this information later without speaking to an Enrollment Consultant.

Parent or Legal Guardian's Name: _____ Date: _____

Parent or Legal Guardian's Signature _____

I acknowledge that my signature on this enrollment packet will also serve as my electronic signature once enrollment specialist enters my submission online.

REFERRAL

How Did you hear about Georgia Cyber Academy?

____ Friend ____ Radio ____ TV ____ Google ____ Bing ____ Facebook ____ Twitter
____ Email ____ Other (please specify) _____

SUPPORTING DOCUMENTS

Please submit this application with the following supporting documents to complete your enrollment application. Failure to do so will delay processing of your application.

Please email documents to enrollment@georgiacyber.org.

Document
Guardian's Photo ID required
Guardianship Documentation required if applicable
Household Proof of Address required
Affidavit of Residence required if applicable
Enrolling Student's Birth Certificate required
Enrolling Student's Social Security Card or Social Security Waiver Form required
Enrolling Student's Current Georgia Immunization (Form 3231) or Exemption of Immunization required
Enrolling Student's Georgia Vision, Hearing, Dental and Nutrition Form (Form 3300) required
Enrolling Student's Previous School's Transcript, Report Card, Homeschool Transcript or Homeschool Report Card required
Enrolling Student's Eligibility Documents (IEP, 504, Gifted Documentation) required if applicable
Enrolling Student's Missing Attendance Form required if applicable