



COWETA CHARTER ACADEMY ENROLLMENT APPLICATION

To submit an application:

1. Complete all information and sign and date in the space provided at the bottom of application
2. Mail to: Coweta Charter Academy, 6675 East Highway 16, Senoia, GA 30276
3. Or apply online at www.cowetacharter.org
4. One application per student is required

PARENT/GUARDIAN CONTACT INFORMATION

Primary Parent/Guardian #1: _____ Jr/Sr/III				
FIRST		MI	LAST	
Home Phone () _____	Work Phone () _____			
Cell Phone () _____	Email Address _____			
Home Address* _____				
STREET		APT. #	CITY	STATE ZIP
Secondary Parent/Guardian #2: _____ Jr/Sr/III				
FIRST		MI	LAST	
Home Phone () _____	Work Phone () _____			
Cell Phone () _____	Email Address _____			
Home Address _____				
STREET		APT. #	CITY	STATE ZIP
Please write in the school year you are applying for: _____				
How did you hear about our school? <input type="checkbox"/> Social Media <input type="checkbox"/> GreatSchools.org <input type="checkbox"/> Google Search <input type="checkbox"/> Direct Mail <input type="checkbox"/> Newspaper or other publication <input type="checkbox"/> Billboard <input type="checkbox"/> Friend Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other: _____				
*All school correspondence, including report cards, will be mailed to this address				
Please check one. I prefer to be contacted by <input type="checkbox"/> Phone or <input type="checkbox"/> Email.				



APPLICANT

Applicant Name: _____ Jr/Sr/III

FIRST
MI
LAST

Relationship to this Applicant: _____ Applicant Date of Birth: _____

Does this applicant have a sibling currently applying? Yes No
 Applying Sibling Name: _____ Applying Sibling Birthdate: _____
 Applying Sibling Current School: _____ Applying Sibling Grade Level: _____

Does this applicant have a sibling currently attending? Yes No Attending Sibling PowerSchool ID: _____
 Attending Sibling Name: _____ Attending Sibling Birthdate: _____
 Applying Sibling Current School: _____ Applying Sibling Grade Level: _____

For which grade level are you applying? K 1 2 3 4 5 6 7 8

Is this applicant a dependent of a board member or CSUSA personnel? Yes No
 Is the student a dependent of active-duty military personnel? Note: A copy of active-duty orders will need to be provided before the lottery in order to verify the preference. Yes No

It is the policy of Charter Schools USA to comply with all applicable state and federal laws regarding non-discrimination in employment and educational programs and services. Charter Schools USA will not discriminate illegally on the basis of sex, race, religion, national origin, disability, or age as to employment or educational programs and activities.

To the best of my knowledge, the above information is correct and complete. I understand any false statements may result in forfeiting my child's seat. In the event of a change of address, phone, name, etc. I will contact the school.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Date application received:	
Received by:	
Date application entered into ACE:	
Entered by:	