

# Ivy Preparatory Academy

# ADMISSIONS APPLICATION



## SCHOLAR'S INFORMATION

First Name :

Middle Name :

Last Name :

Date Of Birth :        
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Gender :  Male  Female

Current Age :

Grade level for 2023-2024 :

- KK (Scholar must be age 5 on or before September 1st)
- 1st (Scholar must be age 6 on or before September 1st)
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th

## PARENT/GUARDIAN INFORMATION 1

First Name :

Last Name :

Email address :

Phone Number :

## PARENT/GUARDIAN INFORMATION 2

First Name :

Last Name :

Email address :

Phone Number :

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## ADDRESS INFORMATION

Scholars who attend Ivy Preparatory Academy must reside in one of the following attendance zones: Dekalb, City of Atlanta (Atlanta Public School District), South Fulton or Clayton.

Street Address :

Apt # :  City :  State :  Zip Code :

County :

## MARKETING AND ADVERTISING INFORMATION

Ivy Preparatory Academy uses several methods of advertising to inform the community about our school. Please indicate which methods of advertising led you to Ivy Prep.

How did you hear about us?

- Current Ivy Family
- Family or Friend
- Advertisement Flyers
- Drive by the facility
- Current or existing employee
- School Website
- Facebook
- Instagram
- Twitter
- Yard Signs
- Billboard
- Other: \_\_\_\_\_

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## CONFIRMATION OF SIGNATURE

By signing below, I acknowledge that I have the legal right to enroll this child in school. I also acknowledge that this application does not guarantee admission into Ivy Preparatory Academy. I have read and understand the enrollment, lottery and waiting list procedures for the 2023-2024 school year at Ivy Preparatory Academy.

**Enrolling Parent's Print Name**

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**Signature Of Enrolling Parent**

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THANK YOU FOR YOUR REGISTERING