



# 2024- 2025 CCA ENROLLMENT APPLICATION

You are required to submit this documentation in order to complete this step in the enrollment process. You can fax to 770-599-0556 or scan and email to [enrollment@cowetacharteracademy.org](mailto:enrollment@cowetacharteracademy.org).

\*Do you have a currently enrolled student(s)?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Please enter the required **Application ID** number provided to you within the Lotterease process for this student: \_\_\_\_\_

**OR**

\*If the new student(s) is the sibling of a current student, please enter at least one student's ID number: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Coweta Charter Academy is a Georgia Public Charter School, and in accordance with the [CCA enrollment policy](#), students enrolled with Coweta Charter Academy **must reside in either Coweta, Spalding, Meriwether, Pike, or Fayette counties, in the state of Georgia, physically occupying a residence within one of those counties' boundaries.** A Proof of Residency is required for approval for enrollment with Coweta Charter Academy.

\*Month-to-month leases must be accompanied by a supplemental document (yellow list).

\*\*Utility bills are those showing service to the home: gas, electric, water, internet, cable or sewage/trash.

Acceptable Documents (Only Need 1 if Using this List)	Supplemental Documents (Need 2 if Using this List)	Unacceptable Documents (Application Will Be Denied)
Lease agreement (address & signature pages), current** Utility or service bill, current within 60 days** Renter's insurance, within current year Medicaid or DFCS form letter, current within 60 days Housing Authority letter, within current year Military placement letter Letter of Occupancy provided by religious organization	Mortgage Statement, current within 30 days Auto renewal registration / tag receipt, current within 1 year Earning Summary, current within 30 days Bank statement, current within 30 days (not credit card or mobile financial services (ex. Cash App/Venmo)) USPS Change of Address Confirmation	Driver's License Auto or home insurance record Property or personal tax records Cell phone bill Credit card statement Medical bill statement Addressed advertisement Personalized addressed envelope/letter Documents recording an out-of-state address

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### HOME ADDRESS

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Street Address

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City    State    Zip Code    County

**SECONDARY HOME ADDRESS:** Only record an address here if an additional parent / guardian has a home address different than the primary address. Please note that CCA only ships to the primary home address.

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Street Address

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City    State    Zip Code    County

## REFERRAL

How did you hear about Coweta Charter Academy?

Friend/Relative/Enrolled Student  
  Online Search  
  Social Media  
  TV/Video Streaming Service  
  YouTube  
  
 Billboard Advertising  
 Print Advertisement  
 Online Advertisement  
 Other (please specify) \_\_\_\_\_



State Charter School District: 783 | School Code: 7830610

**1<sup>st</sup> PARENT / GUARDIAN INFORMATION**

Please submit guardian information below. For new enrollments, a government issued photo ID in legal guardian's name will be required to submit along with this application packet. **A government issued photo ID is required from at least one enrolling parent/guardian.**

**Parents/Guardians must be listed on the birth certificate or have legal documentation to establish guardianship.**  
**All other adults in the home will be listed under "Emergency Contacts" or "Other Household Members."**

_____	_____	_____	_____
First Name	Last Name	Suffix	Relationship to student
_____			
Gender (Male or Female)	Date of Birth	County	
_____			
Primary Cell Phone Number	Secondary Phone	Email Address	
_____			

Is the parent/legal guardian a current employee of Coweta Charter Academy? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please record the Staff ID # \_\_\_\_\_

Is this parent currently active-duty military or has been in the past? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please indicate the following:

Military Status \_\_\_\_\_ Military Start Date \_\_\_\_\_

Military Branch \_\_\_\_\_

**Household Preferred Language for School Communication:**

This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them. This question is for informational purposes only. It is **not** used to identify your child for English language proficiency screening.

In which language would you prefer to receive school information? Please write-in: \_\_\_\_\_

**2<sup>nd</sup> 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. **A government issued photo ID is required from at least one enrolling parent/guardian.**

_____	_____	_____	_____
First Name	Last Name	Suffix	Relationship to student
_____			
Gender (Male or Female)	Date of Birth	County	
_____			
Primary Cell Phone Number	Secondary Phone	Email Address	
_____			

\_\_\_\_\_ Please check here if you would like to opt-in to text messages regarding your student's academic performance and other school information

Is this parent currently active-duty military or has been in the past? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please indicate the following:

Military Status \_\_\_\_\_ Military Start Date \_\_\_\_\_

Military Branch \_\_\_\_\_



## LEGAL GUARDIANSHIP

If the Legal Guardian submitting this enrollment packet **is not** recorded within the proof of age, please upload legal guardianship documents. Appropriate guardianship documents include the following:

- Court documentation or other legal records of guardianship
- **Parental Affidavit Form** if the student resides with a legal guardian not named in the proof of age record
- **Non-Parental Affidavit Form** if the student resides with a non-legal guardian

### Which best describes the relationship of Legal Guardian 1 to the student?

- Parent/Guardian – Biological or Adaptive  
 Legal Guardian – Foster/State Protective Services  
 Care Provider – Family, Friend, Stepparent

### Which best describes the relationship of Legal Guardian 2 to the student?

- Parent/Guardian – Biological or Adaptive  
 Legal Guardian – Foster/State Protective Services  
 Care Provider – Family, Friend, Stepparent  
 No Additional Legal Guardian

## STUDENT HOUSING / DISPLACED FAMILY ELIGIBILITY

Coweta Charter Academy participates in the education of temporarily displaced - transitional children. A transitional student is defined as individuals who lack a fixed, regular, and adequate nighttime residence due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.

Does your student identify as being displaced? Yes  No

Please select the option that best describes your family's housing:

Own

Rent

My name is on the lease

My name is not on the lease, but this is a permanent arrangement

Share living space with another friend/family due to loss of housing, economic hardship, or similar reason

**Other:** if other please choose the following option that best describes your family housing.

Hotel / Motel

Campground

Unsheltered (car/campsite etc.)

Shelter or transitional housing

Temporarily living with another family due to economic hardship

Other issue

What is the length of time that your family has resided in your current home? \_\_\_\_\_.



State Charter School District: 783 | School Code: 7830610

**OTHER HOUSEHOLD MEMBERS**

Use this section to include any other members, besides parent/guardians and enrolling students, who live in your household. This should include students who do not attend CCA as well as other non-parental adults who live in the home. The detail recorded here is used to capture all individuals you would include when completing the Family Income Form (FIF). \*Asterisks below indicate required field.

Household Member		Household Member	
First Name *	_____	First Name *	_____
Last Name *	_____	Last Name *	_____
Suffix	_____	Suffix	_____
Gender *	_____	Gender *	_____
Phone Number	_____	Phone Number	_____
Birth Date	_____	Birth Date	_____
Relationship *	_____	Relationship *	_____
Household Member		Household Member	
First Name *	_____	First Name *	_____
Last Name *	_____	Last Name *	_____
Suffix	_____	Suffix	_____
Gender *	_____	Gender *	_____
Phone Number	_____	Phone Number	_____
Birth Date	_____	Birth Date	_____
Relationship *	_____	Relationship *	_____

**PARENT OCCUPATIONAL SURVEY (MIGRANT WORKER)**

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

- Has anyone in your household moved to work in another city, county, or state in the last three (3) years?  Yes  No
- Has anyone in 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
- Meatpacking/meat processing/ seafood
- Dairy/poultry/livestock
- Fishing or fish farms
- Other (please specify) \_\_\_\_\_



## STUDENT LANGUAGE

**Notice to Parents and Guardians:** Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three (3) Home Language Survey questions and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

### Identification of Potential English Learners

These three (3) questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.

When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.

*Home Language Survey Questions (required):*

Which language does your student best understand and speak?

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

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

### Additional Information from Multilingual Families

If you indicated that your child and other adults in the home **understand and use English and another language** or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.

If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.

**Choose only one sentence that best describes your child's primary language.**

<input type="radio"/>	My child understands and uses only the home language and no English.
<input type="radio"/>	My child understands and uses mostly the home language and a little English.
<input type="radio"/>	My child understands and uses the home language and English equally.
<input type="radio"/>	My child understands and uses mostly English and only a little of the home language.
<input type="radio"/>	My child understands and uses only English.

<sup>1</sup> [U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10.]

<sup>2</sup>The Home Language Survey should be given to first time enrollees to United States public schools.



## EMERGENCY CONTACT(S) & SCHOOL PICK-UP AUTHORIZATION

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. CCA will record up to three emergency contacts.

**Use this section to include any individuals, besides parent/guardians, authorized to check students out of school and/or pick them up in carpool.**

Please list the names of the persons to whom we may release your child or whom we may contact if we cannot reach you. No student will be released to anyone other than the persons listed below.

In selecting someone to whom you authorize the release of your child, consider: Is this person prepared to handle any special medical needs required by your child?

At least one non-parent/guardian contact is required. If the parent/guardian has alternative emergency contact, please enter the word None followed by your student's last name (i.e. None Smith) in the name field and enter zero's for the phone number (i.e. 000-000-0000).

**Do not enter any parent or guardian information in this section.**

**If your student will have a Care Provider that is not a household member listed in this application, please add him/her as an emergency contact.**

\_\_\_\_\_  
First Name Last Name Suffix

\_\_\_\_\_  
Gender (Male or Female) Date of Birth

\_\_\_\_\_  
Primary Phone number Email Address if applicable Relationship to student

\_\_\_\_\_  
First Name Last Name Suffix

\_\_\_\_\_  
Gender (Male or Female) Date of Birth

\_\_\_\_\_  
Primary Phone number Email Address if applicable Relationship to student

\_\_\_\_\_  
First Name Last Name Suffix

\_\_\_\_\_  
Gender (Male or Female) Date of Birth

\_\_\_\_\_  
Primary Phone number Email Address if applicable Relationship to student



State Charter School District: 783 | School Code: 7830610

## STUDENT INFORMATION / DEMOGRAPHICS

All fields are required for application processing. Please complete all fields listed below in their entirety. **\*\*To add any additional students, please see supplemental student pages starting on page 15 of this packet.**

### Age requirements to enroll at CCA are as follows:

- Students must be age 5 on or before September 1, 2024 to enter Kindergarten.
- Students must be age 6 on or before September 1, 2024 to enter 1st grade.
- Students may only be enrolled until their 21st birthdate.
- Students with a **current Individualized Educational Plan (IEP)** may stay enrolled until their 22nd birthdate.

2024 – 2025 Enrollment Grade Level \_\_\_\_\_

Legal First Name \_\_\_\_\_ Legal Middle Name (required if on the birth certificate) \_\_\_\_\_ Legal Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Gender (Male or Female) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Name \_\_\_\_\_

Student Cell Number if applicable \_\_\_\_\_ Student Email Address if applicable \_\_\_\_\_

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 CCA? \_\_\_\_\_ 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 with application)

For more information on why your student's SSN is being requested, visit this link: [cowetacharteracademy.org](http://cowetacharteracademy.org). Submission of the SSN is optional. However, in place of this record, you are required to submit a [Social Security Waiver Form](#) if you choose to not submit their SSN.

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

**Note:** Coweta Charter Academy is currently not NCAA eligible; high school courses taken at Coweta Charter Academy are not accepted by NCAA for athletic scholarship eligibility. However, if a student is interested in or planning on playing college athletics for an NCAA college or university, reach out to the CCA counseling department for alternative enrollment counsel.

Please indicate by selecting yes or no if you would like for 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 indicate how you identify your student's race.

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.

\_\_\_\_\_ **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.



State Charter School District: 783 | School Code: 7830610

**EMERGENCY TREATMENT AUTHORIZATION**

In case of illness or an accident, the school has my permission to take my child to the hospital and/or call an ambulance. In cases, where I or an emergency contact cannot be reached, I authorize the school to consent to medical care for my child.

I, the undersigned parent/guardian of the child that is applying, do hereby give authorization and consent for Coweta Charter Academy to obtain emergency medical care and necessary emergency transportation to a health care facility. By typing your name below or signing, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

\_\_\_\_\_ YES Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT HEALTH PROVIDER INFORMATION**

Medical Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_ Student's Individual Number: \_\_\_\_\_

Medical Doctor's Name: \_\_\_\_\_ Medical Doctor's Number: \_\_\_\_\_  
Please use this format: (###) ###-####

Dental Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_ Student's Individual Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Number: \_\_\_\_\_  
Please use this format: (###) ###-####

**Required Health Forms**

Your student's current immunization records (**GA Immunization 3231 Form**) or signed and notarized DPH religious exemption will be required to be submitted along with this application packet. Also, your student's Certificate of Vision, Hearing, Dental, and Nutrition Screening Form (**Form 3300**) is required to be submitted along with this enrollment packet.

New Requirement: students in grades 06 and 08 are required to submit a completed **Department of Health Scoliosis 4400 Form**:  
[www.cowetacharteracademy.org/enrollment](http://www.cowetacharteracademy.org/enrollment)

**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 condition(s).  
 \_\_\_\_\_ Yes, my child's health condition(s) includes:

Condition	Comments and Instructions

**Medications**

Does your child take medication? \_\_\_YES \_\_\_NO

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

Does your child use/carry an Epi Pen? \_\_\_YES \_\_\_NO *If applicable, please fill out **Epi Pen Form** and submit it to our school nurse.*

Does your child use/carry an Inhaler? \_\_\_YES \_\_\_NO *If applicable, please fill out **Inhaler Form** and submit it to our school nurse.*





State Charter School District: 783 | School Code: 7830610

**Does your child use/carry an Insulin?**  YES  NO *If applicable, please fill out **Insulin Form** and submit it to our school nurse.*

**Allergies**

**Is your child allergic to any foods?**  YES  NO

Please list, if applicable: \_\_\_\_\_

**Is your child allergic to any medications?**  YES  NO

Please list, if applicable: \_\_\_\_\_

**Is your child allergic to bees, ants, or other stinging insects?**  YES  NO

Please list, if applicable: \_\_\_\_\_

**Is your child allergic to anything other than those items previously listed?**  YES  NO

Please list, if applicable: \_\_\_\_\_

I, the undersigned parent/guardian of the child that is applying, do hereby give authorization and consent for Coweta Charter Academy to administer epinephrine by means of an Epi Pen should a severe allergic reaction occur. By typing your name below or signing, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

YES Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Conditions**

*If your child suffers from any of the conditions below, please provide further information and care instructions to our school nurse.*

**Does your child have bronchitis?**  YES  NO

**Does your child have asthma?**  YES  NO

**Does your child have diabetes?**  YES  NO

**Does your child have epilepsy/seizures?**  YES  NO

**Does your child have heart condition?**  YES  NO

**Does your child have kidney/bladder problems?**  YES  NO

**Does your child have chronic migraines?**  YES  NO

**Recent Illness, Surgery, Hospitalization, or Concussion**

*If your child has had any of the items below, please provide further information and care instructions to our school nurse.*

**Has your child had a recent severe or long-term illness in the last twelve (12) months?**  YES  NO

**Has your child had surgery or been hospitalized in the last twelve (12) months?**  YES  NO

**Has your child had a concussion or head injury in the last twelve (12) months?**  YES  NO

**Mobility Impairment**

**Does your student have mobility issues?**  YES  NO If so, please explain: \_\_\_\_\_

**Does your student need any of the following?**  wheel chair  walker  cane  braces  elevator  other



**Vision or Hearing Impairment**

Does your child have vision issues?  YES  NO If so,  near sighted  far sighted  peripheral impairment

Does your child wear glasses?  YES  NO Contacts?  YES  NO Both glasses & contacts?  YES  NO

Does your child have a sensitivity to light?  YES  NO If so, please explain: \_\_\_\_\_

Does your child have hearing issues?  YES  NO If so, is it in the  right ear  left ear  both ears?

Does your child wear hearing aids?  YES  NO Does your child have a cochlear implant?  YES  NO

I hereby understand and authorize that my child's medical records or other health/medical information that was furnished to the school will be shared with the school officials and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information. By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

YES Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACTIVITY PARTICIPATION & LIABILITY RELEASE AGREEMENT**

*If your child has activity limitations, please provide further information and care instructions to our school nurse.*

Can your student participate in all school activities?  YES  NO If no, please list limitations: \_\_\_\_\_

For a copy of the [Liability Release Agreement](#), visit [cowetacharteracademy.org](http://cowetacharteracademy.org)\*

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.)

By typing your name below, you are signing the Liability Release Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE AGREEMENT**

Please complete the [MEDIA RELEASE FORM](#)

Yes - I give permission for my child to participate in school and/or district photographs, interviews, and/or testimonials.

No - I do not give permission for my child to participate in school and/or district photographs, interviews, and/or testimonials.

By typing your name below, you are signing the Media Release Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT IDENTIFICATION PHOTO**

**(Optional)** A student's photo in Infinite Campus offers an added level of meaningful connection between CCA staff and students. Student identification photos will only be used in a student's Infinite Campus account as part of their secure academic record and will not be shared outside of the Infinite Campus system. The image should be a headshot photo of the student only, clearly showing the student's face with no obstructions, and should not contain any other people. The background behind the student



State Charter School District: 783 | School Code: 7830610

should be a solid-colored wall, preferably white. Please submit the photo email: [enrollment@cowetacharteracademy.org](mailto:enrollment@cowetacharteracademy.org)

### COLTS COLLABORATION

**Colts Collaboration (CC)** CCA is pleased to offer Middle Grade Band (6-8) students the option to communicate and collaborate with their peers outside of class and without direct staff supervision this upcoming school year. Security measures will still be in place for all students participating in this program. Student participation requires consent from parents/guardians. Consent will allow middle grade band students to have collaborative access to Google for Education tools, including email, Google Sheets, Google Docs, and Google Slides, as part of their student accounts.

YES  NO **If you are interested in this new option, please select Yes to receive more information.**

Official documentation, including a parent/guardian consent form, will be provided during the first few weeks of your middle grade band student's enrollment start date.

### LOANER EQUIPMENT

**All requested CCA equipment is on loan to the student during the active enrollment period and is required to be returned at the discretion of the school. If loaned, at most, only one loaner computer is allowed per student, one printer per household, and one hot spot per household. More details are loaded in the CCA Handbook.**

Are you requesting a CCA loaner computer for your student? (Please also mark yes if your student will continue to use a currently CCA issued computer). For a copy of the [Technology Acceptable Use Policy](#), visit [cowetacharteracademy.org](http://cowetacharteracademy.org)

Yes  No

Would your student like to request a CCA loaner computer? (Please also mark yes if your student will continue to use a currently CCA issued computer).

Yes  No

Do you have daily access to the internet? Daily internet access is a requirement for all students at CCA.  Yes  No

**Please accept the CCA Loaner Equipment Acknowledgment here:**

Yes, I am confirming that I have read the Loaner Equipment Acknowledgement and understand the loaner equipment is property of Coweta Charter Academy. I understand that once my student is no longer enrolled with CCA, I must immediately return equipment. If I do not return the equipment, then I must pay for the cost of the equipment, the set up of new equipment, and any collection fees the school may have incurred.

**By typing your name below, you are signing the Loaner Equipment Acknowledgement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TECHNOLOGY ACCEPTABLE USE POLICY

Download and read the [Technology Acceptable Use Policy](#) and agree to the terms.

Yes, I have read and agree to the terms and conditions of the Technology Acceptable Use Policy.

**By typing your name below, you are signing the Technology Acceptable Use Policy electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT & STUDENT HANDBOOK ACKNOWLEDGEMENT

Download and read the [Parent and Student Handbook](#) and agree to the terms.

Yes, I am agreeing to receiving, reading, and complying with the CCA Parent and Student Handbook.

**By typing your name below, you are signing that you have received and will comply with the CCA Parent and Student Handbook electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**



State Charter School District: 783 | School Code: 7830610

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRESS CODE**

A higher standard of dress encourages greater respect for individuals, students, and others, and results in a higher standard of behavior. **CCA REQUIRES students dress in the school uniform for most school days.** If there are dress down days, the school dress down guidelines must be followed and/or specific requirements sent via email for a specialized event.

Our dress code guidelines indicate appropriate school dress during normal school days for every student. The schools reserve the right to interpret these guidelines and/or make changes during the school year. Students are expected to follow these guidelines. If a student comes to school without the proper uniform or does not meet dress code requirements, they will be kept/sent to the front office and remain there until a parent/guardian brings a proper uniform for the student.

**All uniforms must be purchased from the uniform vendor designated by the school.**

Download and read the [Coweta Charter Academy Dress Code](#) and agree to the terms.

\_\_\_\_\_ Yes, I am agreeing to receiving, reading, and that my student will comply with the CCA Dress Code.

**By typing your name below, you are signing that you have received and will comply with the CCA Dress Code electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCIPLINE CODE**

Adherence to Coweta Charter Academy Discipline Code encourages greater respect for individuals, students, and others, and results in a higher standard of behavior.

Our Discipline Code guidelines indicate appropriate behavior for every student. The schools reserve the right to interpret these guidelines and/or make changes at any time during the school year. Students are expected to follow this code for their safety and the safety of others. If a student fails to abide by the school's discipline code, the school will follow its steps to address the negative behavior or incident. Please, understand that severe, repeated, escalating, or dangerous behaviors can lead to expulsion.

Download and read the [Coweta Charter Academy Discipline Code](#) and agree to the terms.

\_\_\_\_\_ Yes, I am agreeing to receiving, reading, and that my student will comply with the CCA Dress Code.

**By typing your name below, you are signing that you have received and will comply with the CCA Discipline Code electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SY24-25 SCHOOL CALENDAR**

Consistent school attendance is not only required, it plays a critical role in a student's level of academic proficiency. Adherence to SY24-25 Coweta Charter Academy School Calendar ensures that your student receives the necessary academic instruction and supports for continuous positive academic forward progression.

Please arrive at school on-time and schedule only necessary appointments during school hours. All vacations should be scheduled and taken during school breaks and holidays.

Download and read the [Coweta Charter Academy SY24-25 School Calendar](#) and agree to the terms.

\_\_\_\_\_ Yes, I am agreeing to receiving, reading, and that my student will comply with the CCA Dress Code.

**By typing your name below, you are signing that you have received and will comply with the CCA SY24-25 School Calendar electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Coweta Charter Academy  
 6675 E. Highway 16  
 Senoia, GA 30276  
<https://www.cowetacharter.org/>  
 Tel: 404-599-0228

State Charter School District: 783 | School Code: 7830610

## EXPECTATIONS

In order to help ensure you and your student(s) understand the expectations of Coweta Charter Academy, please read the **Coweta Charter Academy Parent(s) and Student Expectations & Responsibilities** found on: <https://www.cowetacharteracademy.org>

\_\_\_\_\_ Please check this box to indicate that you have read the Coweta Charter Academy Parent(s) & Student Expectations & Responsibilities, understand the expectations of Coweta Charter Academy, and have shared those expectations with all enrolling students, as well as any designated Care Providers.

*\*failure to check this box will cancel your application*

## STUDENT SUPPORT SERVICES

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

For students with a current IEP, 504 Plan, Gifted, or ELL/ESOL Education Plan or receiving Dyslexia or EIP/REP support, please complete the **Authorization for Release of Records Form** for a records request to be submitted to your child's previous school. This will be used to obtain your child's official educational record.

**The following questions are used solely to ensure your student receives the appropriate services in a timely manner and do not impact the approval of the application.**

For students receiving special education and related services, please upload a current Georgia Form 3300 (Certificate of Hearing, Vision, Dental, and Nutrition Screening) in the Immunizations and Health tab below. The hearing and vision screening must be **dated within the last 12 months from today's date**. This will serve to expedite any re-evaluation processes that may be required.

**Does your student have a current or previous IEP that provides services offered through Special Education?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, was an evaluation started or completed in your previous district or school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, do you wish to be contacted regarding special education and related services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please, submit all pages of the **current IEP Plan** and any other applicable documentation.

**Does your student have a current 504 plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please, submit all pages of the **current 504 Plan** and any other applicable documentation.

**Does your child have an English Language Learner or ESOL Plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please, submit all pages of the **current ELL or ESOL Plan** and any other applicable documentation.

**Does your child have a Dyslexia Support Plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please, submit all pages of the **current Dyslexia Support Plan** and any other applicable documentation.

**Does your child receive EIP (Early Intervention Program) Support?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please, submit all pages of the **current EIP Letter** and any other applicable documentation.

**Does your child receive REP (Remedial Education Program) Support?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please, submit all pages of the **current REP Letter** and any other applicable documentation.

**Has your student previously received gifted/talented services because of an eligible gifted status?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If you marked yes, the **Gifted Eligibility Form** is required before your student may receive gifted services. Please, submit all pages of the current **Gifted Plan** and any other applicable documentation.

**Has your child in the process of being evaluated for a special program or services (IEP, 504, Gifted, ELL/ESOL, etc.)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then please mark which \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ Gifted \_\_\_\_\_ ELL/ESOL \_\_\_\_\_ Dyslexia \_\_\_\_\_ EIP \_\_\_\_\_ REP \_\_\_\_\_ Speech Only

**Any other special programs in which your child has participated?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, then please explain \_\_\_\_\_

*The school can plan for services based on the information submitted with your registration packet. However, no services can actually begin until Coweta Charter Academy receives your student's OFFICIAL Educational Records from their previous school.*

To expedite the request for your student's official educational record, please complete and upload an **Authorization for Release of Records Form**. For a copy of the form, visit: <https://www.cowetacharteracademy.org/enrollment>



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**BEFORE & AFTER SCHOOL CARE INTEREST INQUIRY**

Before School and After School Care are offered on a first come first serve basis. It is only offered on the days that school is officially in session per the School Calendar. This a paid service.

Are you interested in Before School Care (7:30-8:00am)?  Yes  No

Are you interested in After School Care (2:30-6:00pm)?  Yes  No

Are you interested in both After and Before School Care?  Yes  No

**23-24 PREVIOUS SCHOOL**

Previous School Type:  Never Attended  Homeschool  Public  Private School

Did your student attend a public or private school in the last three (3) years?  Yes  No

Name of School \_\_\_\_\_ County \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( )

Phone number \_\_\_\_\_ Date Student was Withdrawn \_\_\_\_\_

If your student attended **an additional school within the last three (3) years**, different than the one recorded above, please note the information here:

Name of School \_\_\_\_\_ County \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( )

Phone number \_\_\_\_\_ Date Student was Withdrawn \_\_\_\_\_

**REQUIRED:** To confirm grade placement and scheduling, the following academic records are required:

- **Current Grades 1-7:** Submit the most recent progress report or final report card, whichever is more recent.
- **Current Grade 8:** (*Current grade should only be 8<sup>th</sup> grade if after August 5, 2024*) Submit the most recent progress report or previous year's final report card, whichever is more recent.

**Note:** Students who transfer to CCA after the start of the school year will keep the grade placement for the current school year that is recorded within the previous school transfer records.

**Note:** For the current year grade 8, applications will be held until the most recent grade report (grade 8) is submitted to CCA for grade placement review.

For homeschooled students grades K-8, a parent-generated report card is acceptable. However, note that assessments may be required to validate indicated grade level completion and/or course completion prior to placement.

If your student had a gap in education, complete the [CCA Statement Acknowledging Missing Attendance Form](#). For a copy of the [CCA Homeschool Transcript](#), or the [CCA Missing Attendance Form](#), visit [cowetacharteracademy.org](http://cowetacharteracademy.org). You may also email [enrollment@cowetacharteracademy.org](mailto:enrollment@cowetacharteracademy.org).

**IMPORTANT**

If Summer 2024 courses are completed by the student, send the updated transcript [enrollment@cowetacharteracademy.org](mailto:enrollment@cowetacharteracademy.org).

- **Current Grades 1-8:** Failure to upload the most recent progress report or final report card will result in a denial of the application.
- **Applications missing only the final report card/ transcript will be placed on hold until documents are received. Holds will expire on September 30, 2024.**



State Charter School District: 783 | School Code: 7830610

**23-24 PREVIOUS SCHOOL CONTINUED**

Was the student enrolled in more than one school during the 2023-24 school year?  Yes  No

If yes, record the School Name and District of the additional previous school

School Name	School District	School Contact Number	Student's Withdrawal Date
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Is your student currently suspended from current or previous school?  Yes  No

Is your student currently expelled from current or previous school?  Yes  No

If you responded yes to discipline events, explain: \_\_\_\_\_

**Is your child currently enrolled in ABOVE-GRADE LEVEL Classes or have they SKIPPED a Grade Level?**  Yes  No

If you marked yes, please contact [enrollment@cowetacharteracademy.org](mailto:enrollment@cowetacharteracademy.org) so that we may verify your student's grade level prior to placement and scheduling.

**Is your child currently enrolled in High School Level Classes or have they previously taken High School Level Classes?**  Yes  No

If you marked yes, please contact [enrollment@cowetacharteracademy.org](mailto:enrollment@cowetacharteracademy.org) so that we may verify your student's transcript prior to placement and scheduling.

Does the previous school transcript include above grade level course subject(s): ELA, Math, Science, Social Studies, Language or other?

ELA  Math  Science  Social Studies  World Language  Other: \_\_\_\_\_

Was the student enrolled in advanced courses for which high school credit was earned? If yes, submit the reporting transcript.

**ELA/Language Arts**  Yes  No **Science**  Yes  No

**Math**  Yes  No **Social Studies**  Yes  No

**World Language**  Yes  No **Other**  Yes  No

**NOTE:** Documents will be reviewed by scheduling staff. Student schedules and grade level placements are **temporary until official school records are received for course placement verification.**

**PARENT/GUARDIAN**

All CCA students are required to have a parent or guardian overseeing their progress and school responsibilities are completed. **The primary duties of the parent or guardian are as follows:** ensure their student(s) attend school per the school calendar; ensure the student arrives at school on time and in the school uniform; read CCA emails at least once daily; answer all communications within twenty-four (24) hours; complete all paperwork requests; complete all surveys; keep the student's information up to date; monitor the student's homework assignment completion and grades daily; ensure that student attends all required classes; if circumstances warrant attending school virtually, ensure that the student attend all required live classes and monitor the 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; ensure that the student is aware of all school policies/rules and that they adhere to them; and communicate with the student's teachers and other staff to monitor student progress.

\_\_\_\_\_ Please check here if the person overseeing or caring for the student on a daily basis is the same as parent/guardian. If not, please proceed with primary care-provider information. If the current care-provider is not the parent/guardian, please complete the information below in its entirety.

Care-provider First Name	Care-provider Last Name	Suffix
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Gender (Male or Female)	Date of Birth
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6675 E. Highway 16  
Senoia, GA 30276  
[cowetacharteracademy.org](http://cowetacharteracademy.org)  
Tel: 770-727-5959

State Charter School District: 783 | School Code: 7830610

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Primary Phone number

Email Address (required for Learning Coach)

Relationship to student

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State Charter School District: 783 | School Code: 7830610

## SUPPORTING DOCUMENTS

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

Document
Guardian's Photo ID <b>A government issued photo ID is required of at least one enrolling parent/guardian</b>
Guardianship Documentation <b>required if applicable</b>
Household Proof of Address <b>required</b>
Affidavit of Residence <b>required if applicable</b>
Each Enrolling Student's Proof of Age (Most frequently a Birth Certificate) <b>required</b>
Each Enrolling Student's Social Security Card or Social Security Waiver Form <b>required</b>
Each Enrolling Student's Current Georgia Immunization (*Form 3231) or Exemption of Immunization <b>required</b>
Each Enrolling Student's Georgia Vision, Hearing, Dental and Nutrition Screening Form (*Form 3300) <b>required</b>
For a 6 <sup>th</sup> grade and 8 <sup>th</sup> grade students, the Scoliosis Screening (*Form 4400) <b>required if applicable</b>
Each Enrolling Student's Previous School's Transcript, Progress Report Card, Homeschool Transcript or Homeschool Report Card <b>required</b>
Each Enrolling Student's Eligibility Documents (IEP, 504, Gifted, ESOL, EIP Letter, REP Letter Documentation) <b>required if applicable</b>
Each Enrolling Student's Missing Attendance Form (For 9, 10, 11, & 12 <sup>th</sup> Grades Only) <b>required if applicable</b>
Each Enrolling Student's Previous School's Disciplinary Record <b>required</b>
Student Identification Photo <b>optional</b>

### PLEASE NOTE

\*All 2024 - 2025 newly enrolled students, not previously enrolled with CCA in SY23-24, will have ninety (90) days to submit required student health records. Student academic records and disciplinary record are required to complete a review for approval for enrollment.

## 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 the enrollment specialist enters my submission online.

**You have completed the CCA 24-25 Enrollment Registration Packet. Select the Finish Button. Thankyou.**

**Note: A separate Enrollment Registration Application must be completed for additional students.**