

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 2024-2025 :

- 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
- Postcard: _____
- Other: _____

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Ivy Preparatory Academy does not discriminate in employment or educational programs, services, or activities based on race, color, religion, national origin, sex, age, or disability in accordance with state and federal laws, as required by Title VI and VII of the 1964 Civil Rights Act, Title IX of the 1972 Education Amendments, Age Discrimination Act of 1975, and the Federal Occupational Rehabilitation Act of 1973.

This institution is an equal opportunity provider.

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 2024-2025 school year at Ivy Preparatory Academy.

Enrolling Parent's Print Name _____

Signature Of Enrolling Parent _____

THANK YOU FOR YOUR REGISTERING