



## CHEROKEE 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: Cherokee Charter Academy 2126 Sixes Road Canton, GA 30114
3. Or apply online at [www.cherokeecharter.org](http://www.cherokeecharter.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:	