



Georgia Cyber Academy
 Enrollment Processing Center
 2300 Corporate Park Dr., Suite
 200
 Herndon VA 20171

Ph. 866.523.3162
 Fx. 404.953.6750
gca.k12.com

Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork .

Important Note: Please send copies, do not mail the original documents

Fax (preferred):
 1-404-953-6750

Scan and Email:
gcafaxcefp@k12.com

Mail:
 Georgia Cyber Academy
 Enrollment Processing Center
 2300 Corporate Park Dr., Suite 200
 Herndon, VA 20171

Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residency	Please submit one of the following: The Proof of Residency documentation must be issued in a Legal Guardian's name and the address has to match the Physical Address on the student's account. Acceptable forms include a copy of a current and complete Lease Agreement; Mortgage Statement; Utility Bill showing the service address and issued within 30 days. Please note that a cell phone bill is not an acceptable Proof of Residency because it does not have a Service Address associated to the charge.	Provided by you
	Immunization Record	Current Immunization Record OR Immunization Exemption Form	Provided by you
	Release of Records	Please complete this form.	Provided in this packet
	Copy of your student's Social Security Card	Please submit a copy of your student's Social Security Card	Provided by you
Required for students who are new to GA public schools	GA 3300 State Form	This must be filled out by your healthcare provider and is due within 60 days of your student's approval date.	Provided by you
Required for all 9th grade students	Report Card	Please submit a copy of your student's most recent report card	Provided by you
Required for all 10th-12 grade students	Transcript	Please submit an unofficial transcript from your student's current school which will show academic standing through the student's entire high school career. This is required in order to place all 10th -12th graders.	Provided by you
Requested for student with an IEP or other Special Education needs	IEP	A copy of your student's current IEP (Individualized Education Plan). Because the IEP expires yearly, please submit the current IEP.	Provided by you
	Evaluation Report	The Evaluation Report is valid for 3 years. If you do not have a copy of your student's ER, you can request a copy from your student's current school.	Provided by you
Requested for students that have a 504 plan	504 Accommodation Plan	A copy of your student's current 504 Accommodation Plan. Because the 504 expires yearly, please submit the current 504.	Provided by you

Section: STUDENT INFORMATION

Required for each student applying

Grade: _____

Student's Legal Name: _____
last first middle

Preferred Name: _____ Gender: Male Female Date of Birth: _____

Student Email: _____ Country: _____
(REQUIRED FOR GRADES 9th-12th)

Physical Address: _____
street apt #

city country state zip

Shipping Address: _____
 Same as Physical Address street apt #

city country state zip

Mailing Address: _____
 Same as Physical Address street apt #

city country state zip

Section: FAMILY INFORMATION

Parent/Legal Guardian: _____ Relationship to student: _____
last first

Primary Phone: _____ Secondary Phone: _____ Email Address: _____

Additional Parent/Legal Guardian: _____ Relationship to student: _____
last first

Primary Phone: _____ Secondary Phone: _____ Email Address: _____

Additional Legal Guardian Address: _____
 Address information is the same as student street apt #

city country state zip

EMERGENCY CONTACTS

Emergency Contact One: _____ Relationship to student: _____
last first

Primary Phone: _____ Email Address: _____

Emergency Contact Two: _____ Relationship to student: _____
last first

Primary Phone: _____ Email Address: _____

Enter the total number of all members in your household, whether they receive income or not: _____

Enter the total of all household members' income before taxes or any other deductions. \$ _____

Please check the frequency used to determine income: Annually Monthly Weekly Bi-Weekly

Please check all that are applicable for your student: Foster Child Ward of the Court Food Stamp Recipient None of the above

Please choose which of the following situations the student currently resides in:

- Park, car, abandoned building, public space (such as streets, bus and train stations) or similar location not designed to be a regular sleeping accommodation for people
- Shelter, FEMA trailer, waiting for foster care placement or other temporary housing
- Sharing the housing of others (such as friends or family members), in addition to or other than with parent/guardian, due to loss of housing, economic hardship or a similar reason
- House or apartment with parent or guardian
- Motel, hotel, trailer (other than FEMA) or campsite due to loss of housing, economic hardship or similar reason

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

If you have moved within 3 years, was the move made for the purpose of seeking or obtaining agricultural, poultry or fishing related employment? Yes No

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last (3) years? (Check all that apply):

- Planting, growing, or cutting trees (pulpwood)/raking pine straw
- Dairy/Poultry/Livestock
- Fishing or fish farms
- Not Applicable
- Processing/packing agricultural products
- Meatpacking/Meat processing/Seafood
- Other _____

Section: ACADEMIC HISTORY

Type of Previous School: Public school Private school Home school Out-Of-State Never Attended Charter School

f Public, Private School, Out-Of-State, or Charter School please provide the Most Recent School Name, and Address information.

Most Recent School Name: _____ **Country:** _____

Address of Most Recent School Name: _____
street

city _____ state _____ zip _____ County _____

School District of Residence: _____

If you indicated previous school type of Private School or Home School, has the student ever attended a public school? Yes No

Please select Yes if you are answering this question during the summer and the student did complete previous school year.

Is the student currently enrolled and attending the listed school above?

- Yes
- No, my student is currently withdrawn
- No, my student is enrolled, but is not currently attending

By answering yes to the "Good Standing" question, you are confirming there are no pending disciplinary actions such as Truancy, Suspension, or Expulsion.

Is the student currently in Good Standing? Yes No

Has your student ever been expelled? Yes No **If yes, was the student expelled within the last 12 months:** Yes No

Has the student had ever been evaluated for Special Education services? Yes No

If yes, Does your student have an IEP (Individualized Education Plan)? Yes and my student's IEP is current Yes but my student's IEP has expired Yes but my student was exited from Special Education No, my student was not found eligible

Does the student have a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school or would impact their medical needs? Yes No

Does the student have a 504 Plan? My child's 504 Plan is current My child's 504 plan is expired My child DOES NOT have a 504 plan

Has the student had any evaluation that identified them as gifted or talented? Yes No

Has your child received Title 1 services in the past? Yes, in reading Yes, in math Yes but I was not sure which subject No

Has your student ever been enrolled in this school or previously submitted an application? Yes No

Student Name: _____	Student Home Phone: _____	3
----------------------------	----------------------------------	----------

Section: LEARNING COACH

We want to ensure that all enrolling families are aware of School Policies and Enrollment Expectations. School Name requires that each student has a designated adult, known as the Learning Coach, who will have the primary responsibility of being actively involved in all school related work and activities. Learning Coaches are the primary point of contact for all teachers and Academic Staff. If you choose to select someone other than yourself as the Learning Coach, please note that Legal Guardians are still ultimately responsible in ensuring adherence to school policies.

A Learning Coach actively monitors, assists, and motivates the student on a daily basis to ensure academic progress and adherence. The role and responsibilities of the Learning Coach varies based on the student's grade level.

- Grades K- 5th.** In grades K-5, the Learning Coach works side-by-side with a student to facilitate progress through daily lessons. While the teacher oversees all facets of the instructional experience for each subject, the Learning Coach's constant guidance and support through each lesson is critical for a young learner. The Learning Coach communicates regularly with the student's teacher and establishes proper scheduling, pacing and advanced preparation for lessons. A K-5 Learning Coach ensures that the student is making adequate progress in all courses and meeting program expectations. Learning Coaches of K-5 students can expect to spend 3–6 hours per day supporting their child's education..
- Grades 6th- 8th.** In Middle School students begin to develop more independence and take a more active role in their learning. The support of a Learning Coach is critical during this transition. A Middle School Learning Coach is responsible for working closely with the student's teacher(s) to monitor all aspects of a child's online schooling experience. The Learning Coach ensures that the student is engaged in schooling each day, meeting program requirements and deadlines, staying on track with scheduling and pacing, and collaborating with his teacher when additional support is needed. While students begin to gain independence in Middle School, they still need consistent guidance and support from a Learning Coach to ensure academic success. Learning Coaches of Middle School students can expect to spend 2–4 hours per day supporting their child's education.
- Grades 9th- 12th.** In High School the Learning Coach is referred to as the student's Mentor. The Mentor helps the student stay on task and ensure the student is following through on his or her assignments while the student is expected to manage his or her own time and schedule directly. High School courses are taught by teachers specifically experienced in their respective subjects, so the student has a different teacher for each subject. These teachers are responsible for reviewing all student work and providing instructional feedback. The student is expected to move at a consistent pace with her or his class in each subject.

Please review the Acknowledgement of Expectations and School Policies document before selecting the student's Learning Coach to ensure you fully understand this role and its responsibilities.

If another responsible adult will be the Learning Coach, please fill out Learning Coach Information.

Who will be the students Learning Coach? I will be the Learning coach Another responsible adult will be the Learning Coach

Learning Coach Name: _____
last first middle

Country: _____

Physical Address: _____
street apt #

city country state zip

Learning Coach Primary Phone: _____ **Learning Coach Secondary Phone:** _____

Learning Coach Email Address: _____

Will there be high speed internet access at the location you plan to use as a learning environment for your student? Yes No

What type of internet access do you currently have at the location you plan to use as a learning environment for your student?

- Analog (Dial-up) Cable Modem Broadband Digital Subscriber Link (DSL) Satellite (HST) T1 Line (dedicated line) Don't know
 Other: _____

Using a scale of 1 to 5 where 1= beginner and 5 = expert, how would you rate your computer proficiency? 1 2 3 4 5

Which of the following best describes the current employment situation of the primary learning coach?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Employed full-time - work outside the home | <input type="checkbox"/> Employed part-time - work outside the home | <input type="checkbox"/> A Student |
| <input type="checkbox"/> Employed full-time - work at home | <input type="checkbox"/> Employed part-time - work at home | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Temporarily unemployed | <input type="checkbox"/> Not employed | <input type="checkbox"/> Retired |

Do you have any experience schooling any of your children at home?

- Yes, for less than 1 year Yes, for 1 to less than 3 years Yes, for 3 years or more No, I have no prior experience

Student Name: _____

Student Home Phone: _____

Georgia Cyber Academy Acknowledgement of Expectations and School Policies

Orientation

Newly approved families will receive several communications via email. These emails include a welcome letter from the School Based Enrollment Coordinator, instructions from a GCA Strong Start Specialist and a welcome letter from K12 that will have your registration ID and instructions for creating your online school account.

The purpose of Strong Start is to introduce the culture of GCA to all new families and ensure they have the foundation needed to be successful in the virtual school setting. Strong Start Specialists will coordinate live help sessions where new families are taught the tools they need to successfully navigate through the system. In between the student's approval and hearing from the Strong Start Intake Specialist families can feel free to contact the School Based Enrollment Coordinator for additional questions or concerns or orient themselves to the Strong Start process by visiting <http://gca.k12start.com> Parents will receive updates about Parent Orientation via school email.

Dual Enrollment

GCA participates in the Dual Enrollment/Dual Credit program which provides opportunities for Georgia high school students to take college-level courses and earn concurrent credit toward high school diploma and a college degree while still in high school. Dual Enrollment/Dual Credit courses are primarily available for any eligible 11th or 12th grade high school student. Students may enroll full or part time in credit bearing college level courses **approved** by the State Board of Education.

Attendance & Progress

Attendance is logged Monday through Friday; however, students can make academic progress over weekends, holidays, etc. Progress is measured by completion of the online curriculum, offline assignments, and submission of work samples. Anytime during the school week that the student is absent and/or not making progress, parents must alert their homeroom teacher immediately to make arrangements to complete the make-up work and/or attendance hours. The Georgia Cyber Academy is required to track attendance according to State Law. Students that do not meet attendance requirements or adequate progress may be found truant or withdrawn from our school. Attendance requirements are as follows:

- Grades K-3 (4.5 hours)
- Grades 4-5 (5 hours) - Based on student academic needs instructional hours may range up to 8 to 10 hours per day , in accordance with their Individualized Learning Plan.
- Grades 6-8 (5.5 hours) - Based on student academic needs instructional hours may range up to 8 to 10 hours per day, in accordance with their Individualized Learning Plan.

Teacher Support

Families are expected to maintain communication with the school and teachers on a regular basis. School Email is our school's internal email system. It is important for Learning Coaches, Legal Guardians, and students to check school email daily, because it is the primary means of communicating with teachers and school staff. Phone conferences and/or live meetings via class connect will be initiated by the teacher as needed and all parties will be expected to have access to all curriculum materials and a computer for these conferences. Face-to-face meetings will be required as needed.

Family Contact Information

A working phone number, email address, and current physical, mailing and shipping addresses must be provided throughout school year and updated as changes occur. Families are required to complete an address change form and submit with proper documentation addresschanges@gacyber.org. Forms can be downloaded from the school website at gacyber.org.

Student Name:

Student Home Phone:

Coursework

K-8 grade level course work is rigorous and mastery-based. This consists of lessons that are followed by assessments, ensuring the student has mastered a particular area before moving on. The online assessments are integrated with the planning and progress tools, making it easy to find the right pace by subject and to stay on track.

High School grade level course work is a credit-based college preparatory program. Each course has a regular weekly schedule of assignments and activities which are graded by a teacher.

Blackboard Collaborate is a "live" interactive virtual environment for communication, presentation, interaction and instruction. The Blackboard Collaborate interface provides a unique learning and teaching tool, capturing the essence of a "face-to-face" session. Blackboard Collaborate is delivered via the Internet where the moderator and participants (and guests) log in using a computer (PC or Mac) with an Internet connection (DSL or cable recommended) through a browser such as Microsoft IE or Mozilla Firefox. Users participate in interactive Web Conferencing sessions by talking, text messaging, listening and (optionally) video.

Blackboard Collaborate or similar services may be recorded for educational purposes, such as, but not limited to, providing the lessons to students who were absent and providing them to students for test preparation.

Assessments

All students will be required to participate in state testing according to their grade level. State testing is completed in person and can happen throughout the year. It is the family's responsibility to provide transportation to the testing location. Specific dates, times and locations will be provided in advance. Failure to attend may result in your student being withdrawn from our school. GCA students are required to participate in:

End of Course Exams (in person)

DIBELS Testing (Dynamic Indicators of Basic Early Literacy Skills)

- Grades K-2
- This is done online or in person at teacher's discretion.

Georgia Milestones End of Grade Testing

- Grades 3-8
- Taken in the spring

ACCESS (Assessing Comprehension and Communication in English State-to-State for English Language Learners)

- Grades K-12 ESOL students
- Taken in February

Georgia Alternate Assessment (GAA)

- Grades 3-8, 11 Special Education Students with significant cognitive impairment
- Face to Face and Virtual collections to build portfolio September-March

USA Test Prep – Is an online web site - This program is fun, easy to use, and provides many features that will help your child succeed. Throughout the year, he/she will be able to access a variety of tests, practice activities, games and much more designed to keep your child actively learning and preparing for the Georgia Milestones End of Grade Test.

Enrichment and Extra Curricular Activities

GCA loves clubs! Foreign Language Club, Art Club, Aspiring Medical Professionals Club, Sci-Fi Club and the National Honor Society name just a few of the exciting opportunities to connect with students that share a common interest at GCA. If you are interested in GCA's extra-curricular activities please contact your Strong Start Intake Specialist for additional information.

Student Name:

Student Home Phone:

Computer

All students must have a computer dedicated for schooling. Based on financial need, GCA may loan a computer to an enrolling family. The income guidelines used to make this determination are the same ones set forth by the federal government for determining eligibility in the National School Lunch Program for free or reduced-price lunches. GCA will offer:

K-8: One desktop per 3 students

High School: One laptop per student

Families that are using their own computer are responsible for ensuring their personal computer meets the required specifications for our Online School Platform. Please check the specifications by visiting the website below: [Is your computer K12 ready?](#)

High Speed Internet

High Speed Internet access is required for enrollment for all students. It must be active by the first day of school and must be maintained for the duration of enrollment. Families will receive an internet stipend if the eligibility requirements for National School Lunch Program are met, as well as compliance with additional school policies regarding required documentation. Students must be actively enrolled to receive the stipend. Stipends are issued to the Legal Guardian. Only one stipend will be issued per household if multiple families reside in the same home. The initial family enrolled in GCA will receive the stipend payable to the legal guardian.

Withdrawing From Current School

Students **must** remain enrolled in their current school until the student's official start with GCA. Withdrawing from the student's current school is the responsibility of the Legal Guardian. Student enrollment dates cannot overlap, so the withdrawal needs to take place on the Friday before the Monday start date.

By signing below, you agree to the Acknowledgement of Expectations and School Policies

Legal Guardian's Name: _____
last first middle

Legal Guardian's Signature: _____ **Date:** _____

Student Name:

Student Home Phone:

Agreement for Use of Instructional Property

Responsible Party is the parent or legal guardian of the Student, who is enrolling.

THE SCHOOL has made arrangements with K12 Inc. and/or its affiliates ("K12") to permit each Student to use certain computer equipment, software, and related instructional books and materials ("Instructional Property") to facilitate the Student's education while enrolled in the school.

Responsible Party hereby agrees to the following:

1. **Use of Instructional Property.** The school and K12 shall permit the Student and the Responsible Party to use the Instructional Property listed on the attached Appendix 1-Instructional Property Schedule. The school and K12 reserve the right to add, change, substitute, and/or delete individual items on the Instructional Property Schedule from time to time.
2. **Term.** Responsible Adult's and Student's rights to use and possess the Instructional Property expire upon the Student's termination of enrollment. Notwithstanding the foregoing, the school and K12 reserve the right to terminate any right to use and possession immediately if either has reason to believe that any term or condition of this Agreement is being violated. Responsible Party shall return all of the Instructional Property as instructed within five (5) days of the termination date in the same condition as delivered, normal wear and tear excepted.
3. **Ownership.** At no time shall legal title to or ownership of any of the Instructional Property vest in the Responsible Party or Student, who shall only have the rights to temporary use and possession as provided herein.
4. **Condition of Instructional Property.** Responsible Party agrees to fill out, sign, and return the Instructional Property Receipt Acknowledgment Form (to be enclosed with Instructional Property) to the school to acknowledge receipt of the Instructional Property and to affirm that it is all in satisfactory operating condition upon receipt.
5. **Responsibility for Instructional Property.** Responsible Party must maintain the Instructional Property at the Responsible Party's residence set forth as the shipping address in the enrollment form unless Responsible Party provides thirty (30) days' written notice and the new address to the school. Responsible Party shall be solely liable for any loss or damage to the Instructional Property until it is received back by K12 and shall take all reasonable precautions to protect it. Responsible Party agrees to inform the school of any loss or damage to the Instructional Property from any cause whatsoever within three (3) days of the loss or occurrence of damage. The school and/or K12 will provide the Responsible Party with a loss report form that will include provisions for the Responsible Party to pay for the lost or damaged Instructional Property and, upon receipt, will allow the school to ship or have shipped replacement Instructional Property.
6. **Maintenance and Repair (only applicable if you receive any equipment).** Responsible Party is responsible for maintenance and repair of the Instructional Property while in his or her possession and will follow all instructions for Instructional Property requiring repairs as directed by K12 Technical Support and the Warranty Agreement with the Original Equipment Manufacturer. Responsible Party is solely responsible for upgrading to new software versions when publicly available, obtaining and installing antivirus file updates, and overall maintenance of each software application provided.
7. **Use of Instructional Property (Section (v) is only applicable for those receiving equipment).** Responsible Party agrees that: (i) Instructional Property may be used solely for the education of the Student while enrolled at the school and not for the benefit of any other person or for any other purpose, (ii) all Instructional Property shall be used in accordance with the school policies and rules and K12's and the manufacturer's instructions, (iii) each software application provided shall be subject to, and used in accordance with, the license and/or use agreement that accompanies that software application, (iv) all usage of the Instructional Property shall be subject to the school policies and rules regarding Network/Internet use and protocol, (v) Responsible Party is solely responsible for ensuring that the software settings, default configurations, and administrative privileges are maintained at the original specified settings that the Instructional Property had upon delivery and will be liable for any resulting damage to the Instructional Property, any files, and/or other software applications if these default settings are changed or modified without explicit authorization from K12 Technical Support, and (vi) Responsible Party is solely responsible for keeping User IDs and passwords confidential to prevent unauthorized usage and understands that passwords should be changed on a monthly basis.

Student Name:

Student Home Phone:

Agreement for Use of Instructional Property

8. General Indemnity. Responsible Party agrees to indemnify, defend, and hold harmless the school, K12, and any sponsoring School District or Authority, their respective employees, officers, directors, agents, assignees, and all affiliated companies and/or entities ("Indemnified Parties") from and against any and all claims, actions, suits, proceedings, costs, expenses (including, without limitation, court costs and attorney fees), damages, obligations, judgments, orders, penalties, fines, injuries, liabilities, and losses arising directly or indirectly out of or in connection with any matter covered by this Agreement, other than those caused by the school or K12.
9. DISCLAIMER OF WARRANTIES. NO INDEMNIFIED PARTY MAKES ANY WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE VALUE, DESIGN, CONDITION, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE, OR FITNESS FOR USE OF ANY OF THE INSTRUCTIONAL PROPERTY. IN NO EVENT SHALL ANY INDEMNIFIED PARTY BE LIABLE FOR ANY ACTUAL, INCIDENTAL, DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THIS AGREEMENT, OR THE EXISTENCE, FURNISHING, FUNCTIONING, USAGE, OR MAINTENANCE OF ANY INSTRUCTIONAL PROPERTY PROVIDED UNDER THIS AGREEMENT.
10. Insurance. Responsible Party agrees to maintain at his or her expense adequate insurance to cover damage to the Instructional Property by fire, theft, flood, explosion, accident, act of God, or other cause to the full replacement value of the Instructional Property and agrees that he or she will be financially liable for it regardless of the availability of insurance proceeds.
11. Miscellaneous. Responsible Party represents that he or she has the power to bind all of Student's parents or legal guardians, all of whom shall be bound by these terms. Responsible Party cannot amend this Agreement unless accepted in writing by an authorized representative of the school. This Agreement shall constitute the entire agreement between the parties with regard to the Instructional Property and any prior understanding or representation of any kind shall not be binding on either party, except to the extent incorporated herein. The waiver of any right under this Agreement by either party shall not be construed as a waiver of the same right at a future time or a waiver of any other right under this Agreement. This Agreement shall be construed and enforced in accordance with the laws of the state of the school.

Appendix 1: Instructional Property Schedule (only applicable if you receive any equipment)

Hardware THE SCHOOL shall provide or cause to be provided the following computer and peripheral equipment:

- Desktop computer
- Monitor
- Printer

Software THE SCHOOL shall provide or cause to be provided the following software applications (the "Software"):

- Office Software Suite
- Antivirus software
- Filtering software
- The school may also provide other software.

By signing below, you are certifying that you are the legal guardian of the student who is enrolling, or are 18 years or older and you have the authority to enter into this Agreement for Use of Instructional Property and that you agree to comply with the terms of this Agreement.

Responsible Party's Name: _____
last first middle

Responsible Party's Signature: _____ **Date:** _____

Student Name:

Student Home Phone:

Family Educational Rights and Privacy Act (FERPA) Consent Form

The Family Educational Rights and Privacy Act (FERPA) gives parents and students over 18 years of age ('eligible students') certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

The school and its designated curriculum provider, K12 Inc., have found that to best serve the student's education needs, it is necessary to disclose a student's name and address to the following classes of vendors that provide important services related to your student's education. In all cases, these vendors will have agreed to ensure the confidentiality of the student's name and address and to not use the information for purposes other than that contracted for the student's education needs.

- Suppliers of computers and educational materials for purposes of shipping to and from the student's home
- Customer care providers that handle support calls for K12 Inc.
- Internet service provider
- Companies that enter the student information into a computer database for use by school officials
- Speakers or presenters presenting or participating in synchronous web-conferencing sessions
- Computer professionals that host and maintain K12 Inc.'s student account management systems
- Other contractors and subcontractors that THE SCHOOL and/or K12 Inc. identify as necessary to providing education services

To best serve the student, the school requests parental consent to disclose the student's name and address to the specified class of contractors.

By signing below you agree to the Family Educational Rights and Privacy Act (FERPA) which gives legal guardians and students over 18 years of age ('eligible students') certain rights regarding the student's education records. One of those rights is the right to consent to disclosures of personally identifiable information contained in the student's education records.

Legal Guardian's Name: _____
last first middle

Legal Guardian's Signature: _____ **Date:** _____

Student Name: _____	Student Home Phone: _____	10
----------------------------	----------------------------------	-----------

Section: STUDENT DETAIL

Is your student a dependent of active or reserve military personnel? Select "Not Applicable" if this question does not apply

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Active Duty US Army | <input type="checkbox"/> Active Duty Air Force | <input type="checkbox"/> Active Duty Navy | <input type="checkbox"/> Active Duty Marines |
| <input type="checkbox"/> Active Duty Coast Guard | <input type="checkbox"/> Reserves Army | <input type="checkbox"/> Reserves Air Force | <input type="checkbox"/> Reserves Navy |
| <input type="checkbox"/> Reserves Marines | <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air Force National Guard | <input type="checkbox"/> Parents Multiple Branch |
| <input type="checkbox"/> Not Applicable | | | |

What is the student's legal School District of Residence: _____

What is the single ethnicity that best describes your child? Black or African-American American Indian or Alaska Native Asian
 Hispanic/Latino Native Hawaiian or Other Pacific Islander White or Caucasian

Is your child of Hispanic or Latino origin? Yes No

What race(s) do you consider your child? (check all that apply): Black or African-American American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander White or Caucasian

Which language does your child most frequently speak at home? _____

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

Which language(s) does your child currently understand or speak? _____

In what country was the student born? _____

If born outside the United States of America, what was your student's first entry date into the United States of America? _____

If possible, would you prefer notice of school activities in a language other than English? Yes No

If Yes, which Language? _____

Student's Social Security Number: _____

Does the school and K¹² have your permission to use pictures or video of your student? Yes No

How long will your student be enrolled with this school? Through first nine weeks Through first semester Through third nine weeks
 Through end of school year More than one school year

If you intend to enroll for less than the school year, please specify why. Academic Concerns from Previous School Family Changes;
 Health Reasons Relocation Sports Uncertainty Other _____

Is your student out of school due to bullying or other safety concerns interfering with attendance? Yes No

Does your student seek advanced coursework that is not available in his or her current school? Yes No

Is your student involved in competitive sports whose days are used for training and practice? Yes No

Have you attended a K12 School Event? Yes No

Has your student ever been enrolled in GCA? Yes No

If yes, was your student withdrawn for truancy or non-compliance reasons? Yes No

Student Name:

Student Home Phone:

Certification

By signing below, you are verifying that you are the student's legal guardian. You are also certifying that all of 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 Admissions Form 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.

Legal Guardian's Name: _____
last first middle

Legal Guardian's Signature: _____ **Date:** _____



Georgia Cyber Academy
1745 Phoenix Blvd., Ste. 100
Atlanta, GA 30349

gca.k12.com

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ **Social Security Number:** _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: _____

Homeschooled or Never Previously Enrolled in School (Fill out only if applicable)

Check below if applicable:

- Student was always previously homeschooled
 Student is enrolling in Kindergarten

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: _____

School's Fax: _____

Prior School Entry Date: _____

Prior School Withdrawal Date: _____

I authorize The Georgia Cyber Academy to request and receive my student's records from any school that has possession of the records

Sign and Date below

Print Parent or Legal Guardian's Name: _____ **Date:** _____

Parent/Legal Guardian's Signature: _____

SCHOOL OFFICIALS ONLY:

Send student records to: **Georgia Cyber Academy**
1745 Phoenix Blvd.
Suite 100
Atlanta, GA 30349

Fax general Education Records to the numbers below:

K-8: (404)-592-5545 or email to faxK-8@gacyber.org
9-12: (706)-504-9171 or email to faxhighschool@gacyber.org

Any confidential SPED documents will be requested separately by the special education department, (do not fax these documents to the numbers above.)

Student's Name:

Student's Home Phone:

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, or an employee of Prevent Blindness Georgia trained to conduct vision screening; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist or school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietician. It is not necessary for the same person to conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI%" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS
FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

Child's Name: first middle last
 Date of Birth: month day year
 Gender: Male Female
 Child's Home Address: street, city, state, zip code county

Parent/Guardian Name:

Parent/Guardian Contact Information:

Daytime phone number:
 Evening phone number:

Cell:

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5% to 84% - Appropriate for age <input type="checkbox"/> < 5% - Needs further evaluation <input type="checkbox"/> ≥ 85% - Needs further evaluation <input type="checkbox"/> Under professional care (explain below) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician
Screener's Signature I certify that this child has received the above screening. Contact Information:	Screener's Signature I certify that this child has received the above screening. Contact Information:	Screener's Signature I certify that this child has received the above screening. Contact Information:	Screener's Signature I certify that this child has received the above screening. Contact Information:

Screeners' Comments:

FOR SCHOOL SYSTEM ONLY		Follow up for further evaluation	
	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			
Student support services initiated on:			