



Georgia Virtual Academy  
503 Oak Place  
Suite #540  
Atlanta, GA 30349

Ph. 866.523.3162  
Fx. 866.991.3020  
[www.k12.com/ga](http://www.k12.com/ga)

## Enrollment Forms Packet

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### Part 1: (The pages supplied in this packet)

- Release of Student Records

### Part 2: (Items you will need to supply)

Before you send in your enrollment packet, please be sure you have completed and included copies (do not include originals) of the following:

- Proof of age for each child applying to our program (copy of Birth Certificate or Passport)
- Current proof of residency, submit a copy of one of the following: Mortgage or Lease (with signature page), Drivers License, or Utility Bill (Gas, Electric, Phone (Land Line), Cable/Satellite)
- A copy of your student's Immunization Record (Georgia Form 3231)
- A copy of your student's Multifactorial Evaluation/504 or IEP. \*\*\***(Important Note: If your child has not received special education services, this is not applicable to your child.)\*\*\***

Fax or mail the required documents listed in both parts 1 and 2 to GVA. The fax number for GVA is 1-866-991-3020. If you are unable to fax, please mail the documents to:

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## 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/immunization, and discipline/expulsion records).

### Student Information

Student's Full Name: \_\_\_\_\_  
first middle last

Student's Date of Birth: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_  
street apt #

\_\_\_\_\_ city county state zip

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### Prior School Information

Name of Prior School: \_\_\_\_\_

School's Address: \_\_\_\_\_  
street

\_\_\_\_\_ city county state zip

School's Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_  
first last

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SCHOOL OFFICIALS ONLY:

Send student records to: Georgia Virtual Academy  
503 Oak Place Suite #540  
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Student's Name: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_