



Phoenix Academy

"A Place Where HOPE Delivers..."

REGISTRATION PACKET

PRINCIPAL: DR. EVELYN MOBLEY





Phoenix Academy

"A Place Where HOPE Delivers..."

Greetings,

Thank you for your interest in Phoenix Academy. We offer a school-wide blended learning approach, where we combine online courses with teacher-led classroom instruction.

The student experience is intentionally designed to promote student growth, both academically and socially. From the time of school enrollment, every collaborative decision made is designed to promote success inside and outside the classroom. Those decisions are aligned to a comprehensive improvement plan, as well as an Individual Success Plan that is tailored to meet the individual needs of our student population. Our non-traditional setting affords students the opportunity to work independently, online, in small group settings, or with whole group instruction.

To further meet the needs of our students, classes are scheduled quarterly/semester which allows students to earn needed credits for graduation. In addition, Phoenix Academy is staffed with highly qualified teachers to support teaching and learning at its optimal level. Thus, opening the doors to new beginnings and fresh accomplishments.

To gain the most of this non-traditional experience, Phoenix Academy follows a philosophy that every student deserves these five basics: (1) a personal, one-on-one relationship with a caring adult; (2) a safe place to grow and learn (3) a healthy start and (4) a healthy future; and (5) a chance to give back to peers and the community. The success of these educational amenities has been recognized by America's Promise Alliance, the nation's largest partnership dedicated to improving the lives of children and youth. Hence, Phoenix Academy has been designated as a Promise Place.

I invite you to tour our campus, *"A Place Where 'HOPE' Delivers..."*

Lastly, if you are interested in enrollment, please fill out this application packet in its entirety and be sure to submit all required documents.

Sincerely,

Evelyn Mobley

Evelyn Mobley, Ph.D.
Principal



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Admission Referral Checklist (Pre-Qualification Prior to Registration)

Please find below items needed in order to complete your application for admission.

Student's Name: _____ 9th Grade Entry Date/Cohort Year: _____ Age: _____ Credits: _____

Address: _____ Home School: _____ ID#: _____

Student Supports: _____ SST _____ 504 _____ IEP/SWD Parent Contact #: _____

If your child has an IEP, complete the following:

Has the referring school met with Phoenix's Special Education Lead Teacher (Dr. Thompson @ 404-802-2900) regarding this referral?

Circle Yes/No _____ Meeting Date & Time: _____

Phoenix Lead Teacher's Signature: _____

To expedite enrollment, please provide the following documents (if applicable):

- ___ Completed Student Support Team (SST) records and folder
- ___ Test Scores (EOC and if applicable CRCT, GAA)
- ___ Most Recent Report Card and Transcript
- ___ Attendance report from the beginning of high school to present
- ___ Discipline report for the last two school years
- ___ Current IEP (SWD only)
- ___ Most Recent Eligibility Report (SWD only)
- ___ Current Psychological Evaluation
- ___ Student's current address verification form attached with bill and/or Affidavit
- ___ Immunization record
- ___ 504 Eligibility Form and Accommodation Plan

Student's Name: _____ Signature: _____ Date: _____

Parent's Name: _____ Signature: _____ Date: _____

Referring School Use Only

Administrator's Signature (AP no exceptions): _____ Date: _____

Counselor's Signature (no exceptions): _____ Date: _____



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Enrollment Checklist

REQUIRED SUBMISSIONS FOR ENROLLMENT

In order to **begin and complete** the registration process, the following documents must be provided for ALL students. **Before beginning the registration process, all documents must be submitted. Incomplete registration packets will not be accepted.** Parents: Check each item in the appropriate column to ensure that you have all items.

Parent/Student

Faculty/Staff Verification

_____	Georgia Certificate of Immunization (must be up to date with all shots)	_____
_____	Official Certificate of Birth	_____
_____	Certificate of Ear, Eye, & Dental Exams	_____
_____	Proof of Residence of parent(s) (Georgia Power Bill and Lease or Mortgage document)	_____
_____	Affidavit of Residency – Notarized	_____
_____	Copy of Social Security Card	_____
_____	Withdrawal form from previous school	_____
_____	Transcript/Report Cards from previous school	_____
_____	Discipline Report from previous school	_____
_____	Address of previous school	_____
_____	APS District’s Placement Letter (if applicable)	_____
_____	Copy of Parent ID	_____
_____	Central Office Permission for Out-of-Zone Students and/or Statement of Legal Residence (if applicable)	_____

Registration by: _____
(Parent/Student)

Date: _____

Registration packet:
Verified by Faculty/Staff _____

Date: _____



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New Student Enrollment Form

Date: _____ School: _____

All new students must provide proof of residence upon enrollment and current students must provide proof of residence annually.

Parent/Guardian Checklist of Documents:

- | | | |
|---|---|---|
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> SOCIAL SECURITY CARD/OBJECTION | <input type="checkbox"/> IMMUNIZATION CERTIFICATE |
| <input type="checkbox"/> EYE, EAR & DENTAL CERTIFICATE | <input type="checkbox"/> PHOTO IDENTIFICATION | <input type="checkbox"/> WITHDRAWAL FORM |
| <input type="checkbox"/> REPORT CARD/TRANSCRIPT | <input type="checkbox"/> PROOF OF RESIDENCY** | <input type="checkbox"/> RESIDENCY AFFIDAVIT |
| <input type="checkbox"/> STANDARDIZED TEST SCORES (CRCT, EOCT, GHSQT) | | |

**Please visit the APS website (<http://www.atlanta.k12.ga.us/Page/34748>) for Proof of Residency Documents

SCHOOL USE ONLY

STUDENT HOUSEHOLD NAME: _____

Student ID #: _____ Grade: _____ Homeroom: _____ Counselor Name: _____ Advisor/Teacher: _____

Transportation: Bus #: _____ Walker Car Day Care Bus After-School Program
 Gifted Special Education Student Support Team ESOL 504

Conditional enrollment is only available during the school year. Students pre-enrolling or enrolling before school starts are not eligible for Conditional Enrollment.

30 Day Conditional Enrollment Granted 7 Day Conditional Enrollment Granted Ending Date _____

Items Needed To Complete Enrollment:

- | | | |
|--|---|---|
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> SOCIAL SECURITY CARD | <input type="checkbox"/> IMMUNIZATION CERTIFICATE |
| <input type="checkbox"/> EYE, EAR & DENTAL CERTIFICATE | <input type="checkbox"/> PHOTO IDENTIFICATION | <input type="checkbox"/> WITHDRAWAL FORM |
| <input type="checkbox"/> REPORT CARD/TRANSCRIPT | <input type="checkbox"/> PROOF OF RESIDENCY | <input type="checkbox"/> RESIDENCY AFFIDAVIT |
| <input type="checkbox"/> PROOF OF GUARDIANSHIP | | |

School Records requested from _____ Date: _____ Received: _____

School Records requested from _____ Date: _____ Received: _____

_____ Date: _____

Registration Personnel

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:		Suffix:	
Grade:	Gender:	Current Age:	Date of Birth:		Social Security #:		
State of Birth:		Country of Birth: (If not USA)		Date Entered US:		Date Entered US School:	
Home Phone:				Student Cell Phone:			
Home Address: (Street Address)			Apt #:	City:		State:	Zip:



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Does Student Reside in Federally Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Student have an IEP (Special education)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Student in ELL/ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was/Is student in Gifted/Challenge program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was/Is student involved in the Student Support Team? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Family lived in another county in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the date your family arrived in Fulton county?		What language(s) did the student first learn to speak?	
What language(s) does the student speak most often?		What language(s) does the student speak at home?			
What language(s) does the student speak most often?		What is your child's race? (Select all that apply)			
Is your child Hispanic/Latino? <input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.		<input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)			



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New Student Enrollment Form

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Last Name:	First Name:	Middle Initial:
Home Phone:	Work Phone:	Parent Cell Phone:	Other #:	
Marital Status:	Employer:	Highest Education Received:	Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:	Works on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lives on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Last Name:	First Name:	Middle Initial:
Home Phone:	Work Phone:	Parent Cell Phone:	Other:	
Marital Status:	Employer:	Highest Education Received:	Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent Email Address:	Works on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lives on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMERGENCY CONTACT(S)

Can be picked up by this person

Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN RESIDENCY NOTICE

To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident. **Parents are required to notify Atlanta Public Schools within fourteen (14) days if there is a change in residence.** Representatives of Atlanta Public Schools may visit the home to verify residency. A student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school. Parents and Guardians making false statements or submitting false documentation is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

PARENT/GUARDIAN SIGNATURES

I SWEAR or AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.

_____ Parent/Legal Guardian Signature Date: _____	_____ Parent/Legal Guardian Signature Date: _____
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