



ICSAtlanta Student Application 2020-2021

Parent Information

Parent Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Student Information

Student Full Name: _____ DOB: MM/DD/YYYY
Last First M.I.

Grade entering 2020-2021 (circle): Kindergarten 1 2 3 4 5 6

Acknowledgement

I certify all the information submitted is true and correct, and I agree that any misrepresentation, falsification, omission, or other withholding of information on my part is grounds for the immediate withdrawal from admission status or enrollment.

I further understand this is an application for the school lottery or wait list (if the lottery has already been conducted). This application is not a guarantee of admission to ICSAtlanta. Applicants will either be admitted or placed on the wait list.

Applicants for grades 2-5 must meet language proficiency requirements prior to applying. Any application for grades 2-5 without having first met the language proficiency requirement will not be accepted.

Signature: _____ Date: _____

Name of Addressee

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August 21, 2019