



# University Community Academy

*“Promoting Academic Excellence”*

**Principal**

Jim Harris, Ph.D.

**Board of Directors**

C. Powell (Chair)  
U. Hodge (Secretary)  
H. Crockett, Ph. D  
K. Fataki, Ph.D.  
M. Peterson, Ph.D.  
N. White  
D. Williams

Dear Parents/Guardians:

We appreciate your interest in the University Community Academy (UCA). UCA is an Atlanta Public Charter School that was founded by education professionals, parents and community leaders. The Academy provides a safe, disciplined, nurturing environment for children with high academic standards and expectations for all.

We are committed to improving the academic performance of each child, while building character and developing leadership skills.

We have attached a brochure and an enrollment application. If you desire to enroll your child, please fill out the enrollment form and return it to the school office.

If you need assistance, please call us at (404) 753-4050.

Thank you

University  
Community  
Academy  
2050 Tiger Flowers  
Drive, NW  
Atlanta,  
Georgia 30314  
Tel. 404.753.4050  
Fax. 404.753.0290  
[www.uca-atlanta.com](http://www.uca-atlanta.com)

# UNIVERSITY COMMUNITY ACADEMY

## ADMISSIONS DEPARTMENT

2050 Tiger Flowers Drive, NW  
ATLANTA, GA 30314  
404-753-4050 / FAX 404-753-0290

Student Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle

Application to Grade: \_\_\_\_\_ for the \_\_\_\_\_ academic year.

Student Date of Birth \_\_\_\_\_ Birth City, State/Country \_\_\_\_\_

Student Social Security # \_\_\_\_\_ Student ID# \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Title \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Unlisted: (Yes or No) Extra Telephone (cell, pager) \_\_\_\_\_ E-mail \_\_\_\_\_  
Last Name First

Parent/Guardian Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address (City, State, Zip) \_\_\_\_\_ Work Telephone & Ext. \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Title \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Unlisted: (Yes or No) Extra Telephone (cell, pager) \_\_\_\_\_ E-mail \_\_\_\_\_  
Last Name First

Parent/Guardian Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address (City, State, Zip) \_\_\_\_\_ Work Telephone & Ext. \_\_\_\_\_

Ethnic Status (**Circle One**): American Indian/Alaskan; Hispanic; Asian/Pacific Islander; Black; White; Multi-Racial (This information required by the Office of Civil Rights.)

Instructional Setting (IS) (**Circle One**) General Education; Gifted + Sp. Ed; Gifted; Remedial Ed; Sp. Ed; Remedial + Sp. Ed

ESL Program (Yes or No) Primary Language \_\_\_\_\_ Home Language \_\_\_\_\_

Pre-K Program (**Circle One**) Georgia Pre-K; Publicly Sponsored (including Title 1); Head Start; Other Public School; Private-not for profit; Private – for profit; Did not attend a Pre-K Program

Last School Attended \_\_\_\_\_ Address, if not Atlanta Public Schools \_\_\_\_\_

Sibling Names \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

### Emergency Information:

First Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Second Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Medical Alert #1 \_\_\_\_\_ Medical Alert #2 \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Existing Medical Condition(s) and/or medications:

\_\_\_\_\_  
\_\_\_\_\_

Allergy(s):

\_\_\_\_\_  
\_\_\_\_\_

**Please Initial Below**

\_\_\_\_\_ I am the custodial parent/legal guardian of the above named student.

\_\_\_\_\_ The address listed above is the physical location where the student resides.

\_\_\_\_\_ I understand that all official information will be released only to the student's custodial parent/legal guardian.

\_\_\_\_\_ I understand that official teacher conferences will be conducted with the student's custodial parent/legal guardian.

\_\_\_\_\_ I have presented the student's Social Security Card.

\_\_\_\_\_ I have presented the student's Certificate of Birth.

\_\_\_\_\_ I have provided a current copy of the student's Certificate of Immunization for diphtheria, pertussis, and tetanus.

\_\_\_\_\_ I have provided a current copy of the student's Certificate of Ear, Eye and Dental Examinations.

\_\_\_\_\_ I have provided a copy of the student's last report card and/or transcripts. *(For applications to Grades 1 through 5)*

\_\_\_\_\_ I give permission to transport my student to the nearest medical facility in the event of an emergency.

\_\_\_\_\_ This student is currently not on suspension or expulsion status from another school.

\_\_\_\_\_ This student has been withdrawn from the last school attended.

**Parent/Legal Guardian Signature**

**Date**

**Office Use Only**

Entry Date \_\_\_\_\_ Homeroom \_\_\_\_\_ Student ID \_\_\_\_\_

Social Security Card \_\_\_\_\_ Birth Certificate No. \_\_\_\_\_ Immunization Cert. Date \_\_\_\_\_

Ear, Eye and Dental Exam Date \_\_\_\_\_ Last Report Card Date \_\_\_\_\_

Transportation home (e.g., walk, car, daycare bus, after-school program) \_\_\_\_\_

Note: Per the Charter, if there are more eligible applicants than available slots, we will conduct a lottery to determine who will be admitted. The lottery will be open to all. A drawing of names by grade will then be held until all spaces are filled, with preference being given first to siblings of admitted students.

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:**

- Social Security Card
- Official Certificate of Birth
- Georgia Certificate of Immunization (Form 3231)
- Certificate of Ear, Eye and Dental Examination (Form 3300)
- Transcript and/or Last Report Card (Not needed for Kindergarten)
- Proof of Residence (along with Statement of Legal Residence)  
Deed, Current Mortgage Statement, or Lease;  
and Electric utility bill w/in 30 days of date of enrollment
- Discipline Report

**RETURN COMPLETED FORM AND ALL OTHER DOCUMENTS TO:**

**Admissions Department**  
**UNIVERSITY COMMUNITY ACADEMY**  
2050 Tiger Flowers Drive, NW  
Atlanta, GA 30314  
404-753-4050 / FAX 404-753-0290

**Statement of Legal Residence**

I, \_\_\_\_\_ of lawful age, and legal custodial parent/guardian state that:

**Note:** *Please read, complete, and initial items 1-5 below:*  
**INITIALS**

- \_\_\_\_\_ 1. The University Community Academy admits, as resident students, only students who reside with their parent/legal guardian within the City of Atlanta.
- \_\_\_\_\_ 2. I am the **custodial parent/legal guardian of** \_\_\_\_\_ who resides with me at  
(Student's full name)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State, Zip)
- \_\_\_\_\_ 3. I will immediately notify the school if my child or I should change residence.
- \_\_\_\_\_ 4. I understand that a student admitted based on falsified information will be withdrawn immediately from the school and required to enroll in the zoned school.
- \_\_\_\_\_ 5. I have submitted a Utility bill (issued within 30 days of today's date) or a copy of my Lease for the above address in my name.

**UNDER PENALTY OF LAW I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.**

\_\_\_\_\_  
Custodial Parent/Guardian Signature

Sworn to and Subscribed before me

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

*If the parent/legal guardian's name does not appear on the residence documentation, please complete the following:*

**Certification of Residence Owner/Lessor**

I certify that I own or lease the property above and that the above-named parent/legal guardian and child reside at that address. I have attached a copy of the deed/mortgage/lease and a Georgia Power utility bill issued within 30 days of today's date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

**The above information is subject to verification. O.C.G.A. 16-10-20. A person who knowingly and willfully makes a false, fictitious, or fraudulent statement or reproduction; or makes or uses any false, fictitious, or fraudulent statement or entry, in any matter...shall upon conviction thereof, be punished by a fine of \$1,000.**