

ADCA Virtual Charter Academy

Elementary School Admissions Application

2026–2027 School Year

STUDENT INFORMATION

Student Full Name: _____

Preferred Name/Nickname: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: _____

Grade Applying For:

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Employer: _____

Parent/Guardian #2

Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Employer: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

PREVIOUS SCHOOL / DAYCARE INFORMATION

Current/Previous School or Daycare: _____

School Address: _____

City: _____ State: _____ Zip: _____

STUDENT LEARNING INFORMATION

Please check any areas where your child may need additional support:

- Reading Support
- Math Support
- Speech Services
- ESL Services
- Behavioral Support
- Gifted/AIG Services
- IEP
- 504 Plan
- None

If applicable, explain:

STUDENT INTERESTS

Please check your child's interests:

- Reading
- Science
- Math
- Art
- Music
- Technology
- Sports
- Dance
- STEM Activities
- Robotics
- Leadership Activities
- Community Service

Other Interests:

MEDICAL INFORMATION

Please list allergies, medications, medical conditions, or dietary restrictions:

Primary Physician: _____

Physician Phone Number: _____

TECHNOLOGY ACCESS

Does your family have reliable internet access?

Yes No

Does your child have access to a computer or tablet?

Yes No

PARENT / GUARDIAN STATEMENT

Why would you like your child to attend ADCA Virtual Charter Academy?

What goals do you have for your child's education?

TRANSPORTATION INFORMATION

Will your child require transportation services if available?

Yes No

PHOTO / MEDIA RELEASE

I grant permission for my child's image, schoolwork, or participation in school activities to be used for educational or promotional purposes by ADCA Virtual Charter Academy.

Yes No

PARENT/GUARDIAN AGREEMENT

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee acceptance.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

REQUIRED DOCUMENTS CHECKLIST

Please submit the following documents with this application:

- Birth Certificate
- Immunization Records
- Proof of Residency
- Parent/Guardian Identification
- Most Recent Report Card (if applicable)
- IEP/504 Documents (if applicable)

OFFICE USE ONLY

Date Received: _____

Reviewed By: _____

Acceptance Status:

Accepted

Waitlisted

Denied

Student ID Number: _____

ADCA Virtual Charter Academy

“Developing Young Minds for Excellence, Leadership & Success”

Opening 2026–2027 School Year

Atlanta, Georgia/ North Carolina | Virtual Academy Division

 Admissions Office: 1-888-855-9954

 www.adcaacademy.org