



PRE-ENROLLMENT APPLICATION FORM

Excelsior Village Academies is the first Classical Education tuition-free, public charter school in Henry County, serving students residing in Henry, Dekalb, Fulton, APS, and Clayton County Districts. Excelsior Village Academies is currently enrolling Kindergarten, first, second and third grade scholars. Children who are age 5 years old by September 1, 2024, starting first, second, or third grade are eligible to apply for school year 2024-2025.

I understand that by submitting this application, in no way, guarantees enrollment at Excelsior Village Academies for my child(ren) nor does it obligate me to enroll my child(ren). I understand that if the school has met its capacity in each of the grade levels, a lottery will be held to determine which students are granted enrollment.

By submitting this form, I give Excelsior Village Academies permission to contact me in the future about school programs and enrollment.

Scholar General Information

First name: _____

Middle name: _____

Last name: _____

Date of birth: ____/____/____

Grade of entry: _____

Parent/Guardian General Information

First name: _____

Last name: _____

Preferred phone #: _____

Email: _____

Relation to scholar: _____

Scholar Residence

***Must reside in Henry County, Fulton County, APS District, Dekalb County or Clayton County**

Street address: _____

Apartment, unit, suite: _____

City: _____ State: _____ ZIP/Postal code: _____

Siblings

Does the scholar have a sibling currently applying to attend Excelsior Village Academies? Yes ☐ No ☐

Sibling name: _____

Sibling grade for entry: _____

Do the scholar and this sibling live together at the same address? Yes ☐ No ☐

Additional Information

Is one of the parents or guardians on the board of this organization? Yes ☐ No ☐

Board member name: _____

Is one of the parents or guardians employed by this organization: Yes ☐ No ☐

Employee name: _____

Does your family qualify for state or federal assistance? If so, check all that apply. (Optional) Yes ☐ No ☐

() SNAP

() TANF

() Free and Reduced Lunch

() WIC

() Medicaid

() PINS

How did you hear about us? _____

FOR OFFICE USE ONLY

Date submitted in School Mint: ____/____/____

SY____

Office initials: _____