

GEORGIA PERIMETER COLLEGE GATEWAY TO COLLEGE ACADEMY AN EARLY COLLEGE CHARTER HIGH SCHOOL

APPLICATION CHECKLIST

To enroll in Gateway to College Academy, you must submit ALL of the following documents.
(Please keep this checklist for your records.)

☐ **COMPLETED APPLICATION**

☐ **AUTHORIZATION TO RELEASE INFORMATION**

☐ **TWO OFFICIAL HIGH SCHOOL (HS) TRANSCRIPTS**

These must be signed and in a sealed envelope issued by the HS from which you are withdrawing. If currently enrolled, please provide official transcripts now with your application. Then, at the end of the high school semester you must provide a final official transcript with your new earned credits.

☐ **WITHDRAWAL FORM FROM PREVIOUS SCHOOL**

Please include copies of the DISCIPLINE RECORDS and TEST RECORDS. If currently enrolled, you may wait until the end of the High School semester or until notification Georgia Perimeter College acceptance to turn this in.

☐ **CERTIFICATE OF VISION, HEARING AND DENTAL EXAMINATION (Form 3300)**

☐ **CURRENT IMMUNIZATIONS**

We will accept Form 3231 with valid expiration date, the GPC Certificate of Immunization, Georgia County Health Dept. Immunization History printout, or World Health Organization Certificate of Immunization. All out-of-state certificates must be transferred to one of these forms. No other forms will be accepted. An official copy with the sealed HS withdrawal documents is acceptable. ****Please Note- GPC may require more immunizations than public school systems. A list of required shots can be found on the back of the GPC Immunization Requirements sheet.**

☐ **STUDENT'S SOCIAL SECURITY CARD**

Original card or an official copy with the sealed HS withdrawal documents is acceptable. A photocopy from home must be accompanied with the original card. The card must have the student's signature.

☐ **STUDENT'S VALID GEORGIA ID or DRIVER'S LICENSE**

Original card or an official copy with the sealed HS withdrawal documents is acceptable. A photocopy from home must be accompanied with the original card.

☐ **STUDENT'S BIRTH CERTIFICATE**

Original certificate or an official copy with the sealed HS withdrawal documents is acceptable. A photocopy from home must be accompanied with the original certificate.

☐ **PROOF OF DEKALB COUNTY, GEORGIA RESIDENCY**

Current utility bill (within 30 days) addressed to student or parent/guardian. Note: If parent/ guardian or student is not listed on utility bill, a notarized AFFIDAVIT must be submitted by primary resident or homeowner, with the bill, stating the applicant and/or parent/guardian reside(s) at that address. **Leases and cell phone bills will not be accepted.**

Non U.S. citizens: Also provide an original permanent resident alien card and/or Asylum Approval notice.

Naturalized citizens: Also provide original citizenship paperwork.

☐ **GUARDIANSHIP DOCUMENTATION** (if applicable)

Probate Court documents identifying the legal guardian are required for applicants under the age of whose parent(s)/guardian(s) is not named on the Birth Certificate.



GEORGIA PERIMETER COLLEGE GATEWAY TO COLLEGE ACADEMY AN EARLY COLLEGE CHARTER HIGH SCHOOL

Please read the entire application carefully before completing. Print clearly, and use a black or blue pen.
You may submit the application in person or mail to:
Gateway to College Academy, Georgia Perimeter College, 555 N. Indian Creek Drive, Clarkston, GA 30021

I. APPLICANT DEMOGRAPHIC INFORMATION:

Application Date _____ I am applying for: ☐ Fall Term ☐ Spring Term 20____

Applicant's Full Legal Name Last First Middle
(As it appears on your birth certificate)

Date of Birth: ____/____/____ Current Age: _____ Date you turn 21: _____

Birthplace: _____ Gender: ☐ Female ☐ Male SSN# _____ - _____ - _____

* CURRENT Home Address

Street address (include St/Ave & NE/SE/SW/NW), apartment number

City State Zip Code

* NOTE: You must reside within DeKalb County School System limits who previously attended high school in the DeKalb County School System.

Type of Dwelling (select one): ☐ Home/Single Family ☐ Condo ☐ Duplex ☐ Apartment
☐ Group Home ☐ Shelter

MAILING address (if different than home address)

Street address (include St/Ave & NE/SE/SW/NW) or PO Box#

City State Zip Code

Home phone : (____) _____ Cell phone: (____) _____

Email address _____ @ _____

Ethnicity: ☐ Hispanic ☐ Not Hispanic

Race: (select one) ☐ Asian/Pacific Islander ☐ Black/African American ☐ White/Caucasian
☐ Native American/Alaskan ☐ Other _____

Native Language: _____ Language spoken in the home: _____



PREREQUISITE INFORMATION:

Are you still currently enrolled in any school? ☐ YES ☐ NO Last grade level:(check one) ☐ 10 ☐ 11 ☐ 12

Last month/year enrolled in school: _____ Year you first entered 9th grade: _____

Name of current/ or last high school attended: _____

Address of current/or last high school attended: _____

Street address (include St/Ave & NE/SE/SW/NW) or PO Box#

City State Zip Code

II. PARENT/GUARDIAN INFORMATION:

A. Living Situation

Who do you live with?

I. Parent/Guardian Last First M.I.

Relationship to you: _____

Is Custodial Parent/Guardian address the same as the applicants? ☐ YES ☐ NO (If NO, please indicate address below)

Street address (include St/Ave & NE/SE/SW/NW), apartment number

City State Zip Code

Telephone Phone Number Please check: ☐ Home ☐ Cell ☐ Work

2. Parent/Guardian Last First M.I.

Relationship to you: _____

Street address (include St/Ave & NE/SE/SW/NW), apartment number

City State Zip Code

Telephone Phone Number Please check: ☐ Home ☐ Cell ☐ Work



B. Emergency Contact Information (in case parent or guardian cannot be reached)

Name	Last	First	M.I.
Relationship to you:			
Street address (include St/Ave & NE/SE/SW/NW), apartment number			
City		State	Zip Code
Telephone Phone Number		Please check: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

III. REFERRAL SOURCE:

I learned about this program from and/or was referred by: (Please check all that apply and add names where requested)

<input type="checkbox"/>	Family or Friend: _____
<input type="checkbox"/>	School Counselor or Administrator (name of school): _____
<input type="checkbox"/>	Alternative Program (name of program): _____
<input type="checkbox"/>	Agency (name of agency and/or Case Manager): _____
<input type="checkbox"/>	Current or Past GPC Gateway Student: _____
<input type="checkbox"/>	Flyer/Brochure
<input type="checkbox"/>	GPC Website
<input type="checkbox"/>	Other; _____

IV. ATTENDANCE: (100% attendance is expected to gain maximum benefit from the program)

1. Are you able to attend classes FIVE DAYS A WEEK between the hours of 8am- 5pm during your first semester?

Yes _____ No _____ (If NO, Please explain) _____

2. Is there anything that may prevent you from attending classes on a regular basis? ☐ YES ☐ NO

(For example: childcare, family vacations, illness, transportation, work, etc.)

(If YES, Please explain) _____

Please note: GTCA does not provide child-care or transportation but can assist with directing you to resource options.

VI. STUDENT SUPPORT SERVICES:Did you receive free or reduce lunch at your previous DeKalb County high school? ☐ YES ☐ NO**VI. FEES:**

GTCA Scholarships pay for tuition and books. However, students enrolled into Gateway to College Academy are responsible for paying mandatory fees and class/lab fees each semester to Georgia Perimeter College. Please contact the Gateway office for current mandatory fee amount.

How would you pay for these fees? Check one of the boxes below:

On my own (I work)	My income with my parents' support	My parents/ guardian	Other-Specify	I don't know*

*Please contact Director of the Academy



VII. SIGNATURE REQUIREMENT:

Student: My signature below indicates that all the information contained in my application is correct, complete, and honestly presented. I realize if I have not provided accurate information and/or required application materials I may be withdrawn from Gateway to College Academy.

I am not currently enrolled or will not be enrolled in a traditional high school or any other alternative high school education program by the first day of classes as verified by my required withdrawal from public school.

Applicant Signature: _____ Date: _____

Parent/Guardian: My signature below indicates that I have reviewed the information in this application, and that it is correct, complete, and honestly presented. I understand that if my child does not provide accurate and/or truthful information, he/she may be withdrawn from Gateway to College Academy.

Parent/Guardian Signature: _____ Date: _____

(Parent/Guardian signature required for students under 18 years of age.)

Please print the application, sign it along with your parent or guardian in blue or black ink only, and submit to:

**Gateway to College Academy
Georgia Perimeter College
555 N. Indian Creek Drive
Clarkston, GA 30021**

Gateway to College Academy, in its educational policies, programs, and procedures, provides equal opportunity for its students without regard to race, color, national or ethnic origin, religion, sex, sexual orientation, or disability.



GEORGIA PERIMETER COLLEGE, GATEWAY TO COLLEGE ACADEMY
555 NORTH INDIAN CREEK DRIVE, CLARKSTON, GA 30021-236
678-891-3220

Authorization to Release Student Information

TO: _____

Name of School/Person/Agency of Record _____

Address _____

City _____ State _____ Zip Code _____

You are hereby authorized to release student information on the following student as soon as possible. State law requires the release of such information within 10 days of this consent:

Student's Full Name _____ Date of Birth _____

TO BE COMPLETED BY GATEWAY TO COLLEGE STAFF

Type of documents to be released:

____ Student Discipline Records	____ Academic Records	____ Special Education Records
____ Immunization Records	____ Gifted	____ IEP, SST, and/or 504 Plan
____ ESL	____ Vision, Hearing, Dental	
____ Other _____	____ (2) Official Transcripts	

Is the student currently on suspension or expulsion? ☐ YES ☐ NO

Gateway to College Academy School Official Signature _____

I, the undersigned, understand that the student's enrollment is conditional, pending the receipt of the above-referenced information. Further, I understand that if information received certifies that the student is currently suspended or expelled or has been convicted of a felony or designated felony, the student may be dismissed from this and other regular units of the school district (O.C.G.A 20-2-670).

Signature _____ Relationship to Student _____

Address _____

Phone Number _____ Date _____

