International CHARTER SCHOOL OF ATLANTA

ICSAtlanta Student Application
2026-2027

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: _____
Last *First* *M.I.*

Grade entering 2025 - 2026 (circle): Kindergarten 1 2 3

Parent or Guardian Signature

An email confirming this application has been entered will be sent to the email address provided above.

Signature: _____ Date _____