



# Atlanta Youth Academy

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Admissions 2024 - 2025

Dear Applicant Family:

Thank you for your interest in Atlanta Youth Academy. We hope that you will find our community to be a warm and nurturing place for your child/children.

Our mission at Atlanta Youth Academy is to advance the Kingdom of God by offering an excellent Christ-centered education to our students. We welcome families who will partner with us to fulfill our mission. We hope to be transforming agents in the lives of our students and their families.

As you work through the application, please complete all required information, and turn in all supporting documents to ensure that the process moves forward in a timely manner. The first part of the process requires Admissions Documents only. Once a student has been accepted, the Enrollment Documents will then become due.

Please be mindful of the timeline of events to ensure timely processing:

<b><u>Admissions Timeline</u></b>	<b><u>Early</u></b>	<b><u>Traditional</u></b>
Admissions Window Opens	November 14, 2023	January 16, 2024
Open House	December 13, 2023	February 1, 2024
Application Deadline	March 1, 2024	March 1, 2024
Prospective Student Testing/Family Interviews	January 25-27, 2024	March 7-9, 2024
Decision Letters to Parents	As early as January 31, 2024	March 28, 2024,
Decision Response Forms due from Families	Within 1 week of decision	April 8, 2024
Enrollment Contracts Complete	By Appointment	May 3, 2024

As you explore this possibility for your family, and as you fill out the application for your child/children, please feel free to contact us at 404-370-1960 or via email at [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com). Our Administrative Assistant, Amanda Relaford-Hollingsworth, will be happy to assist you.

We appreciate your consideration of our school, and we look forward to meeting you and talking with you about the possibility of your child's future here at Atlanta Youth Academy.

Respectfully,

Curtis T. Brown  
Dean of the Academy



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## Atlanta Youth Academy Fast Facts

**Inclusive in our Mission:** The Atlanta Youth Academy exists to advance the Kingdom of God by offering an excellent Christ-centered education to our students.

### History:

- Established in 1997
- On current campus since January 2008, AYA serves in the Norwood Estates and Thomasville Heights communities
- 18-acre campus; including an Academic Building, Fellowship Building, Gymnasium, Playground, Tennis Court and Playing Fields

### Academics:

- Serves Pre-Kindergarten through Eighth Grade
- Average Number of Students per Classroom: 16
- Average Student Body: 151
- Bible Curriculum taught daily; Other special offerings: Physical Education (PE), Spanish, Science, Art, Etiquette, and Leadership
- Rigorous academic curriculum Primarily Pearson Education, Reading Street, Envision Math, Pearson Social Studies

### Tuition and Financial Aid:

- Family contribution: estimated contribution for a family is 8% of the household adjusted gross income
- AYA: We meet 100% of every family's demonstrated financial need

### Nutrition Program:

- We provide our students with breakfast, lunch, and a snack every day. We also have discussions in our classrooms (PE, Bible, Math and Science) incorporating their relationship to nutrition. Our gardener will work with our students to grow vegetables to be used by our chef and perhaps supply to the local grocer.



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## **Alumni Matriculation:**

- 100% of Atlanta Youth Academy students have graduated from high school.
- Partial list of high schools where AYA alumni have attended:

Atlanta Girls School	Piney Woods School
Baylor School (Tennessee)	Rabun Gap Nacoochee School
Cristo Rey Jesuit High School	St Timothy's School (Maryland)
Drew Charter School	Tallulah Falls School
Greater Atlanta Christian School	Westlake Magnet School
Holy Innocents' Episcopal School	Westminster Schools
Mount Vernon Presbyterian School	Whitefield Academy
Lovett School	Woodberry Forest School
Pace Academy	Woodward Academy

- 98% of students who have graduated from Atlanta Youth Academy have gone to college.
- Partial list of colleges and universities where AYA alumni have attended:

Auburn University	New York University
Emory University	Oxford College of Emory University
Fisk University	Penn State University
George Washington University	Rhodes College
Georgia State University	Southern Methodist University
Howard University	Spelman College
Marquette University	University of North Carolina
Morehouse College	



## Required Documentation Checklist

Atlanta Youth Academy requires the following records for the admissions and enrollment processes:

### Admissions Documents (required for admissions consideration)

- Student's Birth Certificate
- Name of student's custodial parent/guardian, address and telephone number
- Academic transcripts, Discipline records, and Attendance records
- Standardized test scores

### *RTI and Special Education*

- Academic interventions
- Behavioral interventions
- Diagnostic reading test results
- Psychiatric and Psychological evaluations
- Speech and Hearing evaluations
- Individualized Education Plans
- 504 Plans

### Enrollment Documents (required after formal admissions invitation is extended to family)

- Family Financial Contract
  - Pages 1-2 of your 2022 or 2023 IRS Form 1040
  - 2023 IRS tax extension Form 4868 along with W2 or 2 most recent pay stubs
  - Other income verification documents as requested
- Emergency Contact Information
- Social Security Card
- Health/Immunization Records (**GA form 3231 rev. 2014**)
- Hearing, Vision, Dental Screening Records (**GA form 3300 rev. 2013**)
- Court Documents (*if applicable*)
  - Current Guardianship Agreement
  - Current Custody Agreement

#### **FOR SCHOOL USE ONLY**

Verified by: initials/date

- \_\_\_\_\_/\_\_\_\_\_
- Academic records received
  - Health records received
  - Discipline records received
  - Recommendations received
  - Contract Signed



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# Atlanta Youth Academy

## ADMISSIONS APPLICATION

**Application Fee: \$30.00** (money order and checks should be made payable to Atlanta Youth Academy) A copy of the following documents must accompany this application: *Student's Birth Certificate and a signed Records Release.*

Direct Admissions documentation to: *Atlanta Youth Academy, 2120 Forrest Park Road SE, Atlanta, GA 30315*  
or [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com).

### Student Information

Entering Grade: \_\_\_\_\_ How did you learn of Atlanta Youth Academy? \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit # City State ZIP Code Country*

Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female

Place of Birth (City, State, Country): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Student Shirt Size (circle one): Youth XS S M L XL Adult S M L XL

### Parent/Guardian Information #1

**Parents' Marital Status: (circle one) Single Married Separated Widowed Divorced**

Check here if the address is the same as the student's.

If parents are separated or divorced, with whom does the applicant reside? \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit # City State ZIP Code Country*

Phone: \_\_\_\_\_  
*Mobile Work Home/Other*

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_



# Atlanta Youth Academy

## Parent/Guardian Information #2

Parent/Guardian Name: \_\_\_\_\_  
Last First Middle

Check here if the address is the same as the student's.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code Country

Phone: \_\_\_\_\_  
Mobile Work Home/Other

Family Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Other Members of Household

*Please list all other people living in the same house as the student, including ALL siblings.*

Full Name	Relation to Student	Gender (M/F)	Approved Pick-Up?	Emergency Contact	Cell Phone	Work Phone
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Emergency Contacts and Approved Pick-Ups

*Please list additional emergency contacts (at least one) and all people approved to pick-up the student from school. Authorized pick-ups must be at least **18 years of age, and photo ID will be required.***

Please check this box if only the parents/guardians listed on the previous page are allowed to pick-up the student.

Full Name	Relation to Student	Gender (M/F)	Approved Pick-Up?	Emergency Contact	Cell Phone	Work Phone
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		





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## Academic Experience/Background

What is the name of the student's current school? \_\_\_\_\_

City/State: \_\_\_\_\_ Current School Phone: \_\_\_\_\_

How many times has the student entered this grade level? Check one option ONLY.

First Time  Second Time  Third Time

Has your child ever been expelled or refused admissions or readmission by any school?  Yes  No

Has your child ever received or been evaluated for Special Education Services?  Yes  No

**Only complete the following section if you replied "Yes" to the preceding question regarding your child.**

## Special Education Service

Please check any statement (#1-4) that applies to your child:

- My child has never received any special education services
- My child has an **Individualized Education Program (IEP)** or **Section 504 Accommodation Plan**

If you checked #2, please indicate the following as applicable.

(a) Do you have a copy of your child's **IEP or 504 Plan**?  Yes  No

(b) If your child has an **IEP or 504 Plan**, with which of the following disabilities have they been classified?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Autistic/Autism         | <input type="checkbox"/> Deaf-blindness               | <input type="checkbox"/> Hearing impairment                   |
| <input type="checkbox"/> Developmental delay     | <input type="checkbox"/> Multiple disabilities        | <input type="checkbox"/> Orthopedic impairment                |
| <input type="checkbox"/> Emotional disturbance   | <input type="checkbox"/> Specific learning disability | <input type="checkbox"/> Speech or language impairment        |
| <input type="checkbox"/> Traumatic brain injury  | <input type="checkbox"/> Visual impairment            | <input type="checkbox"/> Hearing impairment                   |
| <input type="checkbox"/> Other health impairment | <input type="checkbox"/> Deafness                     | <input type="checkbox"/> Infants / toddlers with disabilities |
| <input type="checkbox"/> None                    |   |   |

- My child does not have an **IEP or 504 Plan**
- I requested that my child be evaluated for special education or related services, but the evaluations have not yet been done.

If yes, when did you request the evaluation? What was the reason for the evaluation? (Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Could use extra help in reading                              | <input type="checkbox"/> Feels frustrated in school                           |
| <input type="checkbox"/> Could use extra help in writing                              | <input type="checkbox"/> Has a hard time following directions                 |
| <input type="checkbox"/> Could use extra help in math                                 | <input type="checkbox"/> Has a hard time relating with peers                  |
| <input type="checkbox"/> Has a hard time concentrating on his/her work                | <input type="checkbox"/> Has a hard time understanding what people are saying |
| <input type="checkbox"/> Has a hard time sitting still for an extended period of time | <input type="checkbox"/> Other Please specify:                                |

## After School Care

We offer Afterschool Care **Mon – Fri** from **2:30pm – 5:45pm**. The monthly cost to families starts at \$65 per month.

Will your child need Afterschool Care?  Yes  No

## Religious Affiliation

Student's Religion: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_



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## Race/Ethnicity

Is the child Hispanic/Latino? (A person of Central or South America, or other Spanish culture or origin, regardless of race)

Yes  No

Is the child from one or more races? (*Please check all that apply*)

- American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  
 White

## Preliminary Assessment of Native Language

What is the primary language spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language the student first acquired? \_\_\_\_\_

## Disclaimer and Signature

- I understand that **Atlanta Youth Academy** is a Christian Institution.
- I hereby give **Atlanta Youth Academy** the right to contact any previously attended schools in regards to this enrollment of my child.
- I hereby certify that the information submitted in the application process, including this admissions form is true.
- I understand that if it is determined that any information I have provided is false, the admissions of my child may be revoked, or if my child is already in attendance, he/she may be subject to immediate expulsion.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR SCHOOL USE ONLY

Verified by: initials/date

\_\_\_\_\_/\_\_\_\_\_

- Application received  
 Application Fee  
 Enrollment Deposit





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## PRINCIPAL/HEADMASTER EVALUATION

**Directions for Applicant's Parents:** This form is required for application to Atlanta Youth Academy. Please sign where indicated and send to your child's current school.

**Directions for Principal/Headmaster:** Please email to [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com).

### TO BE COMPLETED BY APPLICANT'S PARENT/LEGALGUARDIAN

I hereby authorize you to release the requested information regarding my child's application to Atlanta Youth Academy. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

Signature of Parent or LegalGuardian \_\_\_\_\_

Name of Student Applicant \_\_\_\_\_ Current Grade Level \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY PRINCIPAL/HEADMASTER

Has this applicant ever been expelled, asked to withdraw, or suspended from your school for disciplinary and/or academic reasons? If so, please provide details.

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

Has this applicant ever undergone an individual psycho-educational test, such as diagnosing learning disabilities or emotional difficulties?  Yes  No

If yes, please explain.

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

How would you rate the applicant's family's overall support of the school?

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

Has the applicant been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution?  Yes  No

If so, please explain.

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



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If applicable, does this family pay tuition in a timely manner?  Yes  No

Circle one of the following:

1. I strongly endorse this candidate for admission.
2. I endorse this candidate.
3. I endorse this candidate with reservations.
4. I do not endorse this candidate.

Please provide any additional information regarding this applicant the applicant's family that would help us to better know his/her spiritual, educational, or personal needs.

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Signature of Principal/Headmaster \_\_\_\_\_ Date \_\_\_\_\_

Principal/Headmaster's Printed Name \_\_\_\_\_

School Name and Address \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form to [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com).



# Atlanta Youth Academy

## Language Arts Teacher Evaluation

**Directions for Applicant's Parents:** This form is required for application to Atlanta Youth Academy. Please sign where indicated and send to your child's current school. Only the Atlanta Youth Academy admissions committee will view this evaluation.

**Directions for Teacher:** Please complete and email this form to [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com).

### TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to Atlanta Youth Academy. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Name of Student Applicant Current Grade Level** \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY CURRENT TEACHER or FORMER TEACHER (WITHIN PAST TWO YEARS)

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

*Please evaluate the candidate in the following areas by placing a check in the appropriate column.*

	Excellent	Above Average	Average	Below Average	Poor
Effort /determination					
Classroom Conduct					
Organizational ability					
Personal initiative					
Responsibility					
Maturity relative to age					
Acceptance by peers					
Honesty/integrity					
Concern for others					
Respect by faculty					
Reading ability					
Written expression					
Oral expression					
Creativity					
Completion/quality of homework					



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Is there a disparity between ability and performance? If yes, identify behaviors associated with disparity.

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Please describe any special accommodations this student receives in your class.

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Name of the language course this student has been studying since September \_\_\_\_\_

Title/Publisher/Grade Level of text used for course \_\_\_\_\_

In which areas is this student likely to be successful?

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In which areas do you feel this student needs improvement?

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To your knowledge, has the student been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution? If so, please describe.

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Additional comments concerning the applicant's class performance, conduct, participation, and prospect for success.

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Check one of the following:  I strongly endorse this candidate for admission.

I endorse this candidate.

I endorse this candidate with reservations.

I do not endorse this candidate.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Printed Name \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form to [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com).





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## Math Teacher Evaluation

**Directions for Applicant's Parents:** This form is required for application to Atlanta Youth Academy. Please sign where indicated and send to your child's current school. Only the Atlanta Youth Academy admissions committee will view this evaluation.

**Directions for Teacher:** Please complete and email this form to [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com),

### TO BE COMPLETED BY APPLICANT'S PARENT/LEGAL GUARDIAN

I hereby authorize you to release the requested information regarding my child's application to Atlanta Youth Academy. I waive any right of access to all information from any source in conjunction with my child's application to the school named above.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Name of Student Applicant Current Grade Level** \_\_\_\_\_

\*\*\*\*\*

### TO BE COMPLETED BY CURRENT TEACHER or FORMER TEACHER (WITHIN PAST TWO YEARS)

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

*Please evaluate the candidate in the following areas by placing a check in the appropriate column.*

	Excellent	Above Average	Average	Below Average	Poor
Effort /determination					
Classroom Conduct					
Organizational ability					
Personal initiative					
Responsibility					
Maturity relative to age					
Acceptance by peers					
Honesty/integrity					
Concern for others					
Respect by faculty					
Analytical ability					
Facts/computation skills					
Problem Solving					
Understanding concepts					
Completion/quality of homework					



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Is there a disparity between ability and performance? If yes, identify behaviors associated with disparity.

---

---

Please describe any special accommodations this student receives in your class.

---

---

Name of the language course this student has been studying since September \_\_\_\_\_  
Title/Publisher/Grade Level of text used for course \_\_\_\_\_

In which areas is this student likely to be successful?

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---

In which areas do you feel this student needs improvement?

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To your knowledge, has the student been recognized at your school for any outstanding academic, spiritual, artistic, or athletic performance or contribution? If so, please describe.

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Additional comments concerning the applicant's class performance, conduct, participation, and prospect for success.

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- Check one of the following:
- I strongly endorse this candidate for admission.
  - I endorse this candidate.
  - I endorse this candidate with reservations.
  - I do not endorse this candidate.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Printed Name \_\_\_\_\_

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the candidate's application. All information provided will be held in confidence and disclosed only to the admissions committee.

Please return this completed form to [mainoffice@atlantayouthacademy.com](mailto:mainoffice@atlantayouthacademy.com).