



THE CHIA ACADEMY

2625 Canton Road
Marietta, GA 30066

Please Submit To:

CHIA.OFFICEDIRECTOR@GMAIL.COM

Admissions Application

Please fill out as complete as possible. A \$100.00 non-refundable annual application fee is required.

Applicant's full name _____ Nickname _____

Birth date _____

Applying for entry to The CHIA Academy for Fall/Spring _____ Year _____

Present School Information

School Name _____ Grade _____

Address _____

List all other schools attended (please also provide dates) _____

Family Information

Full name of **father** or guardian _____

Home Address _____

City _____ State _____ Zip _____

Cell Telephone _____ Email Address _____

Full name of **mother** or guardian _____

Home Address _____

City _____ State _____ Zip _____

Cell Telephone _____ Email Address _____

Who has legal custody: _____

If applicant is not living with both parents, please indicate with whom the child resides.

Correspondence regarding application should be sent to: _____



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Application for Admission - Parent Questionnaire and Response

(Please feel free to attach additional pages, if necessary.)

Name of Student: _____ Entry grade: _____

What would you hope The CHIA Academy can provide for your student?

What are his/her strengths, talents, interests?

What are his/her differences?

Do you have concerns about this student's social, emotional, or behavioral functioning? Has this been a challenge for him/her in any setting? If so, please explain.
