



**UTOPIAN**  
ACADEMY FOR THE ARTS  
CHARTER SCHOOL NETWORK

## REGISTRATION FORM

### 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

**\*Registrants interested in applying to the following schools MUST reside in Clayton County: Utopian Academy for the Arts: Elementary, Utopian Academy for the Arts: Middle, Utopian Academy for the Arts: High**

**\*\*Registrants interested in applying for Utopian Academy for the Arts: Trilith MUST reside within the state of Georgia.**

Street address: \_\_\_\_\_

Apartment, unit, suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

## Siblings

Does the scholar have a brother or sister currently attending Utopian Academy for the Arts? Yes  No

Sibling name: \_\_\_\_\_

Sibling grade: \_\_\_\_\_

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: \_\_\_\_\_

## How did you hear about us?

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**FOR OFFICE USE ONLY**

Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SY \_\_\_\_

Registrar Office Staff initials: \_\_\_\_\_