



UTOPIAN  
ACADEMY FOR THE ARTS  
—AT—  
TRILITH™

## **Enrollment Interest Form**

**Email this completed form to [angelic.fox@utopianacademy.com](mailto:angelic.fox@utopianacademy.com)**

Thank you for your interest in the Utopian Academy for the Arts Trilith. Lottery Selections were held March 26, 2025. Please complete and submit this form to be placed on our wait list. Please allow 3-5 business days for our enrollment team to process this information. You will receive an email with details to check your student's status. Please ensure that you provide a valid email and telephone number.

**This is NOT an application for enrollment.**

### **Scholar General Information**

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade of entry: \_\_\_\_\_

### **Parent/Guardian General Information (Enrolling Parent ONLY)**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Preferred phone #: \_\_\_\_\_

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

Relation to scholar: \_\_\_\_\_

### **Family Residence**

**\*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 reside at the same address? Yes ☐ No ☐

## Additional Information

Are either of the scholar's parents/ guardians employed by this organization: Yes ☐ No ☐

Employee name: \_\_\_\_\_

## How did you hear about us?

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### Non-Discrimination Notice

Utopian Academy for the Arts recognizes the diversity and worth of all individuals and groups in our society. It is the policy of the Utopian Academy for the Arts that all educational programs, activities and employment will be free of discrimination or harassment on the grounds of race, color, religion, gender, gender identity, sexual orientation, national origin, disability, parental or marital status, or age.

OFFICE USE ONLY

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

SY \_\_\_\_

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