



Amana Academy
Fulton County Public Charter School

2010-2011 Pre-enrollment Application

Please note: An application must be completed for each child,
including siblings applying

Date: _____

Name of Student: _____

Grade Level applying for _____ Birth Date: _____

Name of Parent: _____

Address: _____

City, State, Zip _____

Phone number: _____

Email Address: _____

Additional siblings applying:

Name _____ B.D. _____ Grade _____

Name _____ B.D. _____ Grade _____

Name _____ B.D. _____ Grade _____

Name _____ B.D. _____ Grade _____

Amana Academy
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