



Amana Academy

Fulton County Public Charter School

Applicants Name _____ Grade _____

I consent to the posting of my child's name on the Amana Academy web site. I understand the last name, first initial and grade will be posted. I do hereby release and waive any and all claims, demands or objections against Amana Academy and Board of Managers in connection with or arising out of the said waitlist posting.

Parent/Guardian Name _____

(Please print)

Parent/Guardian Signature _____

Amana Academy
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Alpharetta, Georgia 30009
PHONE: 678-624-0989