



Ivy Bridge Academy Admission Application

Thank you for your interest in **Ivy Bridge Academy Debate Camps and After-School Programs!**

You can also submit your application online at IvyDebate.org. If you are enrolling more than one child, please submit an application for each child.

IBA PROGRAMS:

(Please list the IBA Programs for which you are applying. eg. Debate Teams, Debate Club, Magic Pen Book Club, Private Tutoring)



A. STUDENT INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

PREFERRED NAME:

GENDER:

MALE

FEMALE

DATE OF BIRTH:

EMAIL ADDRESS:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

COUNTY:

B. PARENT/GUARDIAN INFORMATION

FULL NAME:

EMAIL:

CELL PHONE:

WORK PHONE:

HOME PHONE:

BEST EMERGENCY NUMBER: CELL WORK HOME

C. FRIENDS/RELATIVES INFORMATION

Those other than the parents/guardians who are authorized to pick up your child from an IBA program, and who should be called in the event of an emergency and the parents aren't reachable.

FRIEND/RELATIVE #1:

RELATIONSHIP:

ADDRESS:

CELL PHONE:

FRIEND/RELATIVE #2:

RELATIONSHIP:

ADDRESS:

CELL PHONE:



EDUCATION

NAME OF SCHOOL:

GRADE IN FALL:

DEBATE EXPERIENCE:

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT (in case parents can't be reached)

FULL NAME OF CHILD:

Authorization and Consent (Medical)

I hereby authorize the bearer, who is a member of the staff of Ivy Bridge Academy, to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child, and request that necessary emergency treatment be provided by you for my child. I realize that I am responsible for payment of such emergency care. A photocopy of this document shall have the same force and effect as the original.

AGREE AND CONSENT

CHILD'S DOCTOR:

DOCTOR'S ADDRESS:

DOCTOR'S PHONE:

ALLERGIES:

IBA ONLINE COMMUNITY

Authorization and Consent (IBA Online/COPPA)

I give my permission for my child to participate in the IBA Online Community, including the areas restricted to only IBA students/teachers, as well as the common public area.

AGREE AND CONSENT

CANCELLATION POLICY

Authorization and Consent (Cancellation Policy)

No refunds will be given. Credit will be given towards another IBA program if the school is given two week notice.

AGREE AND CONSENT

LIABILITY

Authorization and Consent (Liability)

I, the parent, do hereby consent to participation in the above program, including all activities to the program. I assume all responsibilities for, and risks of, participation at Ivy Bridge Academy.

AGREE AND CONSENT

SIGNED:

DATE:



IVY BRIDGE ACADEMY

MAILING ADDRESS:

IVY BRIDGE ACADEMY
11180 STATE BRIDGE ROAD, SUITE 205
JOHNS CREEK, GA 30022
ATTN: ADMISSIONS

PHONE:

(404) 519-7715

(770) 676-0280

CONTACT:

SUE RHEE, ADMINISTRATOR

NOTE: IF YOU ARE MAILING IN A PAYMENT WITH YOUR APPLICATION, PLEASE MAKE CHECKS PAYABLE TO "IBA".



IBA is Member School of National Forensic League NFL & NJFL.

