

**Access Academy Admissions Application**  
1175 Commercial Court  
Norcross, GA 30093  
(Phone # TBD)  
contactus@goodsamgwinnett.org  
Website: goodsamgwinnett.org/accessacademy

Candidate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Candidate Phone Number: \_\_\_\_\_

Candidate Email Address: \_\_\_\_\_

Preferred Session:     Spring (January – May)     Fall (July – November)

Do you have any work or volunteer experience in the medical field?     Yes     No

Highest level of education:     12th grade     GED

Required Attachments:     Photo Identification     Proof of Household Income

Evidence of graduation or GED     Resume

Social Security Card or work permit

Please read and check the following statements to confirm your agreement:

- I understand submitting an application does not guarantee admission to Access Academy.
- I will provide proof of required vaccinations and tests if I am accepted to Access Academy.
- I will consent to a criminal and credit background check.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Date

Admission Decision:     Yes     No

