

# CHARTER SCHOOL STUDENT ENROLLMENT NOTIFICATION FORM

For School Year 2021-2022



## Commonwealth Charter Academy Charter School

Address: 1 Innovation Way, Harrisburg, PA 17110

Telephone: 1-844-590-2864 (toll free)

Fax: (717) 948-5300

Email Address: CCAEnroll@ccaeducate.me

**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

### I. Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Home Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### II. School District of Residence and Former School Information

School District of Residence: \_\_\_\_\_

Former School Information (Other Than Pre-School):

Public School     Charter School     Home School     Non-public School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:

Entering Kindergarten     Re-Enrolling Dropout     Other: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdrawal Date From Former School: \_\_\_\_\_

Was your child receiving Special Education Services based on an IEP?     Yes     No

If **Yes**, do you have the child's Special Education Records (IEP)?     Yes     No

### III. Parent/Guardian Information

Child Lives With:  Both Parents  Both Parents Alternately  Mother Only  Father Only  
 Legal Guardian  Foster Parents  Other Adult: \_\_\_\_\_  
Special Custodial Court Instructions?  Yes (Provide a copy of Court Order)  No

#### Complete Parent/Guardian Name and Address Information As Applicable

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

#### If The Student Is Not Living With Parents, Please Complete This Section.

Guardian OR  Foster Parent OR  Other Adult: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be, enrolled in another public school, a non-public school or a private school at the same time he or she is enrolled in this charter school.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### IV. To Be Completed By Charter School

Verification of Date of Birth:  Birth Certificate  Other: \_\_\_\_\_  
Proof of Residency:  Mortgage Statement  Lease  Utility Bill  Other: \_\_\_\_\_

Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
Grade Student Is Entering: \_\_\_\_\_

**Signature of Charter School Representative:** \_\_\_\_\_