

Charter School Student Enrollment Notification Form For School Year \_\_\_\_\_

Name of Charter School: **TIDIOUTE COMMUNITY CHARTER SCHOOL**

Address: **241 MAIN STREET TIDIOUTE, PA. 16351**

Charter School Contact Person: \_\_\_\_\_  
Telephone: (814) 484-3550

**I. STUDENT INFORMATION:**

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

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

City: \_\_\_\_\_  
Ethnicity: (check all that apply) \_\_\_\_\_ African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ 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 \_\_\_\_\_ Nonpublic 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(s): \_\_\_\_\_  
Phone number of Former School(s): \_\_\_\_\_

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  No  
(If yes, please provide a copy of court order.)

Complete parent/guardian name and address information as applicable

Father's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

(If the student is not living with parents, please complete this section.)

Guardian's Name or  Foster Parent's Name or  Other Adult Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

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.

X 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 First Attendance: \_\_\_\_\_

Grade Student is Entering: \_\_\_\_\_

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