

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 Email Address: _____

I. Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Mailing Address (If Different From Home Address) _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Current 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
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Student Not Enrolled in School Preceding Enrollment in Charter School Because:

_____ Entering Kindergarten _____ Re-Enrolling Dropout _____ Other _____

Name of Former School or Preschool: _____

Address of Former School: _____

Current Grade: _____ Withdrawal Date From Former School: _____ Repeating Same Grade: _____

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

Does your child have a 504 Plan in place? _____ Yes _____ No

