

Charter School Student Enrollment Notification Form
For School Year 2016-2017

Name of Charter School: The Academy Charter School
Address: 900 Agnew Road
Pittsburgh, PA 15227
Charter School Contact Person: Bill Styche
Telephone: 412-885-5200 Email Address: stycheb@theacademysystem.com

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: _____ SSN _____ - _____ - _____

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:
Expelled Y / N Expulsion Return Date _____ Re-Enrolling Dropout _____

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 (lep)? _____ 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:
(If Yes, Please Provide a Copy of Court Order.) _____ Yes _____ 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's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
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.

Signature of Parent/Guardian: _____ **Date:** _____
SSN: _____

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____ Court Records _____
Proof of Residency _____ Mortgage Statement _____ Lease _____ Utility Bill _____ Other _____ Court Records _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____ Charter Only _____ PO _____
_____ Integrated _____ District Judge/Magistrate _____
_____ Day/Evening _____

Signature of Charter School Representative: _____

The Academy Charter School Enrollment Agreement

Family Name: _____

For the 2016-2017 Academic Year

As the parent/guardian of the student named above, I enroll the above student(s) in the Academy Charter School for the 2016-2017 school year.

TERMS OF ENROLLMENT

The Academy Charter School is an option within the _____
(Home School District)
for students in need of an alternative school setting. I agree, as parent/guardian of _____, to accept and to be bound by the regulations of The Academy Charter School including all standards of conduct and uniform dress code. These regulations, standards of conduct and uniform dress code may be communicated either in verbal or written form. I agree that by signing this Enrollment Agreement that the Student may be subject to discipline, suspension and/or expulsion. I understand and agree that in the event of suspension, expulsion, illness or voluntary withdrawal of the Student that I have no right to further educational placement of the Student by The Academy Charter School, and I must look to _____
(Home School District)
for further educational placement of the Student.

I have read and accept the terms stated in the Enrollment Agreement.

X _____ Date: _____
Parent/Guardian Signature

X _____ Date: _____
Parent/Guardian Signature

Please return this Agreement to The Academy Charter School. A copy of this Agreement will be mailed to you upon receipt and approval of this form.

ENROLLMENT APPROVAL:

By: _____ Date: _____

Title: _____