

# Charter School Student Enrollment Notification Form

For School Year 2011-2012

\*\*\*\*\*ATTACH PROOF OF ADDRESS (i.e., copy of utility bill, lease, etc)

Name of Charter

School: Independence Charter School

Address: 1600 Lombard Street

Philadelphia, Pennsylvania 19146

Charter School

Contact Person: Ingrid Schafroth

Email

Telephone: 215-238-8000 x2259 Address: ingrids@icscharter.com

## I. Student Information: THIS IS A CHANGE OF ADDRESS

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 \_\_\_\_\_ Nonpublic School \_\_\_\_\_

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

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

Name of Former School: **THIS IS A CHANGE OF ADDRESS only**

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

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

Was Your Child Receiving Special Education Services Based On An Iep? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Iep)? If Yes, Do You Have The Child's Special Education Records \_\_\_\_\_ Yes \_\_\_\_\_ No

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### III. Parent/Guardian Information:

Child Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Legal \_\_\_\_\_ Alternately \_\_\_\_\_ Only \_\_\_\_\_ Only \_\_\_\_\_  
Guardian \_\_\_\_\_ Foster \_\_\_\_\_ Parents \_\_\_\_\_ Other Adult \_\_\_\_\_

Special Custodial Court Instructions:  
(If Yes, Please Provide a Copy of Court Order.) \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

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#### 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: \_\_\_\_\_

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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:** \_\_\_\_\_

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### IV. To Be Completed By Charter School: Student already enrolled; change of address

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

Grade Student Is Entering: \_\_\_\_\_ **This is a change of address;**  
**student is already enrolled at**  
**Independence Charter School**

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