

# 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

