

Charter School Student Enrollment Notification Form

For School Year 2020-2021

Name of Charter School: Tidioute Community Charter School
Address: 241 Main Street
Tidioute, Pa 16351
Charter School Contact Person: Mrs. Heather Cass
Telephone: 814-484-3550 Email Address: hcass@tidioutecharter.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: _____

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: _____

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 _____ Mother Only _____ Father Only
_____ Parents _____ Alternately _____ Only _____ Only
_____ Legal Foster _____ Other Adult
_____ Guardian _____ Parents _____
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 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:** _____

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
Proof of _____ Mortgage _____ Lease _____ Utility _____ Other _____
Residency _____ Statement _____ Bill _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School Representative: _____

