

Charter School Student Enrollment Notification Form

For School Year 2020-2021

Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.

THIS FORM CANNOT BE ACCEPTED WITHOUT PROOF OF ADDRESS (i.e. copy of utility bill, lease, etc.)

Name of Charter

School: Independence Charter School

1600 Lombard Street

Philadelphia, Pennsylvania 19146

Charter School

Contact Person:

Natalie Nassib

Telephone: **215-238-8000 x2500**

Email

Address: **natalien@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

If Yes, Do You Have The Child's Special Education Records (Iep)?

Yes

No

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PDE 2/2008

Instructions for this can be found at www.pde.state.pa.us. Under the K-12 Schools folder, click on Public Schools, then Charter School, then Reporting.

III. Parent/Guardian Information:

Child Lives With: Both Parents, Both Parents Alternately, Mother Only, Father Only, Legal Foster Parents, Other Adult, Guardian. Special Custodial Court Instructions: (If Yes, Please Provide a Copy of Court Order.) Yes No

Complete Parent/Guardian Name and Address Information As Applicable

Parent #1 Name: Address: City: State: Zip Code: Home Telephone: Work Telephone:

Parent #2 Name: Address: City: State: Zip Code: Home Telephone: Work Telephone:

If The Student Is Not Living With Parents, Please Complete This Section.

Name: Address: City: State: Zip Code:

Guardian's Name Or Foster Parent's Name Or Other Adult Name

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. My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this 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 _____ Utility _____

Lease _____ Residency Statement _____ Other _____

Bill _____

Official Enrollment Date:

THIS IS A CHANGE OF ADDRESS ONLY. STUDENT IS ALREADY ENROLLED & CURRENTLY ATTENDING INDEPENDENCE CHARTER SCHOOL.

Signature of Charter School

Representative: _____