

# New Foundations Charter School

2010 – 2011

## Student Application

**STUDENT INFORMATION:** Please Print Clearly

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade entering for 2010-2011 school year: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race: African American \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ White-Caucasian \_\_\_\_\_ Other \_\_\_\_\_

Last Name

First Name

M.I.

Jr. Sr. etc

Street Address

City

State

Zip Code

Area Code - Home Telephone

Area Code - Other Telephone

Contact Name

**REQUIRED STUDENT DOCUMENTATION INFORMATION:** a copy of the following documentation is required when this application.

Applications without the following documentation can not be processed.

1. Copy of Child's Social Security Card
2. Copy of Child's Official Birth Certificate
3. Copy of Child's Complete Immunization Records
4. Parent/Legal Guardian Proof of Residency - example: copy of current driver license or utility bill.
5. Copy of students **current I.E.P.**, if student was ever in a Special Education Program.

If so, what was the student's exceptionality? \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION:** Please Print Clearly

Relationship Last Name First Name Employer Employer Phone No.

Relationship Last Name First Name Employer Employer Phone No.

Emergency Contact Last Name First Name Telephone Cell Phone, if any.

**Please list the names of any siblings applying and grades they will be entering for the 2010 - 2011 school year.**

Name : \_\_\_\_\_ Age: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ K                              

Name : \_\_\_\_\_ Age: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ K                              

Name : \_\_\_\_\_ Age: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ K                              

**STUDENT EDUCATION:** Please complete the following information on the current school your child attends.

**Please Check One:** Philadelphia Public School \_\_\_\_\_ Philadelphia Non-Public School \_\_\_\_\_ Other: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**For Office Use Only: Do not write below this line:**

Date Received: \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax: \_\_\_\_\_ Hand Delivered: \_\_\_\_\_ Received by: \_\_\_\_\_

Was all the required documentation received with this application: Yes \_\_\_\_\_ No \_\_\_\_\_ if not, please note on the reverse side.

**REQUIRED STUDENT DOCUMENTATION INFORMATION:** Please check the documents which were not received.

\_\_\_\_\_ Copy of Child's Social Security Card

\_\_\_\_\_ Copy of Child's Official Birth Certificate

\_\_\_\_\_ Copy of Child's Complete Immunization Records

\_\_\_\_\_ Parent/Legal Guardian Proof of Residency - example: copy of current driver license or utility bill etc.

\_\_\_\_\_ Copy of students current I.E.P. if student was ever in a Special Education Program.

- **ALL APPLICATIONS MUST BE HAND DELIVERED TO NEW FOUNDATIONS CHARTER SCHOOL.**
- **NO APPLICATIONS WILL BE ACCEPTED IF THEY ARE MAILED OR FAXED**
- **ALL APPLICATIONS MUST BE RECEIVED BY FRIDAY FEBRUARY 26, 2010 BY 3:00 P.M. AT MAIN OFFICE. NO APPLICATION WILL BE ACCEPTED AFTER THAT DATE.**

**RETURN THIS APPLICATION TO :      NEW FOUNDATIONS CHARTER SCHOOL  
8001 TORRESDALE AVENUE  
PHILADELPHIA, PENNSYLVANIA 19136**

**For further information please contact the school at: Telephone (215) 624-8100      Fax: 215-624-0600**

**For questions and comments regarding our lottery process please dial extension #2222**