

Charter School Student Enrollment Notification Form
For School Year 2018-2019

Name of Charter School: NEW FOUNDATIONS CHARTER SCHOOL
Address: 8001 TORRESDALE AVENUE
PHILADELPHIA, A 19136
Charter School Contact Person: MR. PAUL STADELBERGER, CEO
Telephone: 215-624-8100 Email Address: PSTADELBERGER@NFCS.K12.PA.US

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: _____
Please Fill in the _____ Immigrant _____ Migrant
Following Country of Origin _____ Language Spoken at Home _____
Information Please Specify Language of Origin _____
(example: Spanish, Japanese, Mandarin, Cantonese, Russian, Ukrainian, Arabic, Swahili, etc.)

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

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

Signature of Charter School Representative: _____