

Charter School Student Enrollment Notification Form
For School Year 2019-2020

Name of Charter School: NEW FOUNDATIONS CHARTER SCHOOL
Address: 8001 TORRESDALE AVENUE
PHILADELPHIA, A 19136
Charter School Contact Person: MR. RONALD BRADY, CEO
Telephone: 215-624-8100 Email Address: RBRADY@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 Following Information:

African/American ___ American Indian/Alaskan Native ___ Asian ___ Hispanic ___ White/Caucasian ___ Native Hawaiian/Pacific Islander ___
Immigrant ___ Migrant ___ Country of Origin _____ Language Spoken at Home _____

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: Kade Jg