

Charter School Student Enrollment Notification Form

	For School Year:				
Warning: A child enrolled in another public so enroll in a charter school.	chool, or a nonpublic or pr	ivate school cannot, at the same time,			
Name of Charter School:					
Address:					
Charter School Contact Person:					
Telephone:	Email:				
Student Information					
Last Name:	First Name:	MI:			
Home Address:					
City:	State:	Zip:			
County:	Telephone:				
Mailing Address (if different from home addre	ess):				
City:	State:	Zip:			
Date of Birth:	Age:				
School District of Residence and	Former School Inf	ormation			
School District of Residence:					
Former School Information (Other Than Pre-	School):				
Public School Charter School	Home School	Nonpublic/Private School			
Student Not Enrolled in School Preceding En	rollment in Charter Schoo	ol Because:			
Entering Kindergarten Re-Enro	olling Dropout Oth	er:			
Name of Former School:					
Address of Former School:					
Previous Grade: Withdrawal Date from Former school:					

Revised January 2023

Yes

Yes

No

No

Was your Child receiving Special Education Services Based on an IEP?

If yes, do you have the Child's Special Education Records (IEP)?

Parent/Guardian Information

Signature of Chart	er School Represent	ative				Date
Grade Student is Er	ntering:					
Official Enrollment D		F	Anticipated Date of Attendance:			
Proof of Residency:			Lease	Utility Bill	Other:	
Verification of Date	of Birth: Birth Ce	ertificate	Other:			
To Be Complet	ted by Charter S	chool:				
Signature of Paren						Date
Signature of Davis	t/Guardian					Data
this form and significant charter school. My	es my request that ap signature also certifi	opropriate s i es that my	school reco	rds be forwar o t, and will n	ded from th	ol named on page 1 of e school district to the lled in another public rolled in this charter
City:			State:			Zip:
Address:						
Name:						
Guardian	Foster Parent	(Other Adult			
	not living with pa			nplete this	section:	
Home Telephone:			Email Addre			
City:			State:			Zip:
Address:		_				
Parent #2 Name:						
Home Telephone:	·			Email Address:		
City:			State: Zip:			Zip:
Address:						
Parent #1 Name:						
Complete Paren	nt/Guardian Name	and Add	iress Info	rmation as	s Applica	ble:
, , , , ,	de a copy of the court	,	No			
	Legal Guardian	Foster F			ther Adult	
Child Lives with:	Both Parents		Both Parents Alternately		arent #1 Only	Parent #2 Only

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