

New Academy Charter School Student Enrollment Notification Form

For School Year 2019-2020

Name of Charter School: New Academy Charter School

Address: 2500 Jonquil Way, Pittsburgh PA 15210

Charter School Contact Person: Bill Styche

Telephone: (412) 515-2280 Email Address: Stycheb@theacademysystem.com

I. Student Information:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: (H) _____ (C) _____

Email Address: _____

Mailing Address: _____

(Different from

Home Address) City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ SSN: _____ - _____ - _____

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:

_____ Expelled _____ Re-Enrolling _____ Dropout _____ Other

Expulsion Return Date: _____

Name of Former School: _____

Address of Former School: _____

Current 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 Legal 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: _____ Cell phone: _____ Work Phone _____
Email Address _____

Mother's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Home
Telephone: _____ Cell phone: _____ Work Phone _____
Email Address _____

If the Student is not living with the parent(s), Please Complete this Section

_____ Guardian _____ Foster Parent(s) _____ Other Adult
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Home
Telephone: _____ Cell phone: _____ Work Phone _____
Email Address _____

My signature on this form indicate 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:** _____

SSN: _____ - _____ - _____

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 Representative: _____



New Academy Charter School Enrollment Agreement

FAMILY NAME: _____

For the 2019-2020 School Year

As the Parent/Guardian of the student named above, I enroll the above student(s) in New Academy Charter School for the 2019-2020 school year.

TERMS OF ENROLLMENT:

New Academy Charter School is an option within the Pittsburgh Public School system for students in need of alternative school setting. I agree, as parent/guardian of _____, to accept and to be bound by the regulations of New Academy Charter School including all standards of conduct and uniform dress codes. These regulations, standards of conduct and uniform dress codes may be communicated either in either verbal or writer form. I agree that by signing this Enrollment Agreement that the Student may be subject to discipline, suspension and/or expulsion, illness or voluntary withdrawal of the Student by the Student by New Academy Charter School, and that I must look to Pittsburgh Public Schools for further educational placement of the student.

I have read and accept the terms stated in the Enrollment Agreement:

X _____

Please return this Agreement to New Academy Charter School. A copy of this Agreement will be mailed to you upon receipt and approval of this

ENROLLMENT APPROVAL:

BY: _____

DATE: _____

TITLE: _____

New Academy Charter School
2500 Jonquil Way * Pittsburgh, PA 15210
(412) 515-2280 * (412) 515-2299 (fax)
www.theacademyschools.com