

Charter School Student Enrollment Notification Form

For School Year 2024-2025

Name of Charter

School:

Center for Student Learning Charter School at Pennsbury

Address:

345 Lakeside Drive

Levittown, PA 19054

Charter School

Contact Person:

Cindy Rogers, Business Office

Email

Telephone: 215-269-7390 ext. 17

Address: crogers@cslcharter.org

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:

II. School District of Residence and Former School Information

School District of

Residence:

Former School Information (Other Than Pre-School):

Public

Charter

Home

School

School

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 _____ Mother _____ Father _____
Legal _____ Alternately _____ Only _____ Only _____
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 _____ Mortgage _____ Utility _____
Residency _____ Statement _____ Lease _____ Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School
Representative: _____