

Charter School Student Enrollment Notification Form

For School Year 2023-2024

Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Name of Charter

School: Wissahickon Charter School

Address: 4700 G Wissahickon Avenue, Philadelphia, PA 19144 (Fernhill Campus)

815 East Washington Lane, Philadelphia, PA 19138 (Awbury Campus)

Charter School

Contact Person: Kristi Littell, CEO

267-774-4380(Awbury) Email

Telephone: 267-338-1020(Fernhill) Address: Littell@wissahickoncharter.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 Withdrawal Date From Former

Grade: _____ 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. **My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this 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: _____