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 Montessori Regional Charter School School: 2549 W 8th Street Address: Erie, PA 16505 Charter School **Contact Person:** Krystal Wright Email Address: enrollment@mrcserie.org Telephone: 814-833-7771 I. Student Information: Last First Name: Name: MI: Home Address: State: Zip Code: City: County: Telephone: Mailing Address (If Different from Home Address) State: _____ Zip Code: City: 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 Re-Enrolling Dropout Other Kindergarten Name of Former School: Address of Former School: Withdrawal Date from Former Previous 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)? No Charter School Student Enrollment Notification Form

Instructional for this can be found at www.pde.state.pa.us. Under the K-12 Schools folder, click on Public Schools, then Charter School, then Reporting.

III. Parent/Guard	lian Information	<i>.</i>		
	Both	Both Parents	Mother	Father
Child Lives With:	Parents	Alternately	Only	Only
	Legal Guardian	Foster Parents	Other Adult	
Special Custodial Cou		r aromo	outer riddic	
(If Yes, Please Provide				
Court Order.)		Yes	No	
Complete Parent/G	Guardian Name ar	nd Address Informatio	n as Applicable	
Father's Name				
Address:				
City:		State:	Zip Cod	de:
Home Telephone:	Work Telephone:			
Mother's Name				
Address:				
City:		State:	Zip Cod	de:
Home Telephone:	Work Telephone:			
If The Student Is N	lot Living with Par	ents, Please Complet	e This Section.	
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Guardian's N	Name Or	Foster Parent's Name	Or Oth	er Adult Name
Name:	Name Or	Foster Parent's Name	Or Oth	er Adult Name
Name: Address:	Name Or	Foster Parent's Name State:		
Name: Address: City:		State:	Zip Cod	de:
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