

# 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: Montessori Regional Charter School

Address: 2549 W 8<sup>th</sup> Street

Erie, PA 16505

Charter School

Contact Person: Krystal Wright

Telephone: 814-833-7771 Email Address: enrollment@mrcserie.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 School \_\_\_\_\_ Charter School \_\_\_\_\_ Home 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

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### 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

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_