Charter School Student Enrollment Notification Form

For School Year 2019-2020

Warning: A child enrolled in enroll in a charter school. Name of Charter	another public school or a nonpo	ublic or private school car	nnot, at the same time,
School:	Montessori Regional Charter	School	
Address:	2549 W 8 th Street		
-	Eria DA 16505		
Charter School Contact Person:	Krystal Wright Email		
Telephone: 814-833-7	Address: en	rollment@mrcserie.org	_
I. Student Inform	ation		
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:	
School District of	t of Residence and Fo	ormer School Inf	ormation
Residence:	on (Other Then Dre School)		
Public	on (Other Than Pre-School): Charter	Home	
School	School	School	Nonpublic School
Student Not En Entering Kindergarten	rolled in School Preceding En Re-Enrolling D	rollment in Charter Sch ropout Othe	
Name of Former School: Address of Former School:			
Previous Grade:	Withdrawal Date From For School:	mer	
lep?	g Special Education Services		Yes No
lf Yes, Do You Ha (lep)?	ive The Child's Special Educa	tion Records	Yes No

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

PDE 2/2008

	Both	Both Parents	Mother	Fat
Child Lives With:	Parents	Alternately	Only	On
	Legal	Foster		
	Guardian	Parents	Other Adult	
Special Custodial Could				
(If Yes, Please Provid	le a Copy of	Vaa	No	
Court Order.)		Yes	No	
Complete Parent/G	uardian Name a	nd Address Informa	ation As Applical	ble
Father's Name				
Address:				
City:		Sta	ate: Zip	Code:
Home Telephone:		Work Telep	h e e e e	
Mother's Name				
Address:				
City:			ate: Zip	Code:
Home Telephone:		Work Telep	hone:	
Name:	C C	arents, Please Com _ Foster Parent's Nan	•	
Guardian's N Name: Address:	lame Or	_ Foster Parent's Nan	ne Or	Other Adult N
Guardian's N Name: Address: City:	lame Or	_ Foster Parent's Nan	ne Or ate: Zip	Other Adult N
Guardian's N Name: Address: City: My signature on this for page 1 of this form and school district to the ch enrolled in another put is enrolled in this chart	ame Or orm indicates my de d signifies my reque narter school. My s plic school, a nonpu	Foster Parent's Nan State ecision to have my chillest that appropriate scl signature also certifies	ne Or Zip ate: Zip d attend the charter hool records be for that my child is not	Other Adult N Code: r school name warded from the , and will not b
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