

Charter School Student Enrollment Notification Form

For School Year 2022 - 2023

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: Roberto Clemente Charter School

Address: 850 N 5th Street

Allentown, PA 18102

Charter School

Contact Person: Stephanie Vicenty

Email

Telephone: 610-351-4310 Ext. 368 Address: svicenty@myrccs.com

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: Allentown State: PA Zip Code: _____

County: Lehigh 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: _____ School District _____

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

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: _____ Allentown _____ State: PA Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Mother's Name _____

Address: _____

City: _____ Allentown _____ State: PA 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: 07/01/2022 Anticipated Date of Attendance: 08/29/2022

Grade Student Is Entering: _____

Signature of Charter School

Representative: _____