

PHILADELPHIA CHARTER SCHOOL COMMON APPLICATION

SECTION A: STUDENT & PARENT/GUARDIAN INFORMATION

STUDENT ID NUMBER (if applicable):

Student Last Name:	Student First Name:	Student Middle Initial:
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Current address:

City:	State:	ZIP Code:
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Date of Birth:	Gender (optional):
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Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship:
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Do you have the legal right to enroll this child in school? (Check One): Yes No

Preferred Contact Number:	Secondary Contact Number:	E-mail:
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Current Grade Level:

SECTION B: SCHOOL CHOICE INFORMATION

Name of Charter School You Wish To Attend:	Grade Applying To:
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SECTION C: SIBLING INFORMATION

SIBLING #1

Last Name:	First Name:	Date of Birth:
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School Sibling Currently Attends:

SIBLING #2

Last Name:	First Name:	Date of Birth:
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School Sibling Currently Attends:

SIBLING #3

Last Name:	First Name:	Date of Birth:
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School Sibling Currently Attends:

SECTION D: PARENT/GUARDIAN SIGNATURE

IMPORTANT: By signing this form, you indicate that all information provided is accurate. If any of the information that you have provided changes after turning in this form, please submit an amended form prior to the school's deadline. Check with the charter school you wish to apply to for application deadlines. **YOU MUST SUBMIT THIS FORM TO THE CHARTER SCHOOL YOU WISH TO ATTEND.**

Parent/Guardian Signature:	DATE:
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INTERNAL USE ONLY

RECEIVED BY:	DATE RECEIVED:
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