

# Charter School Student Enrollment Notification Form

For School Year 2021-2022

**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: Widener Partnership Charter School

Address: 1450 Edgmont Ave  
Chester, PA 19013

Charter School Contact Person: Marva Payne / Kareem Goodwin

Telephone: 610-872-1358 Email Address: [mpayne@widener.edu](mailto:mpayne@widener.edu) / [kgoodwin@widener.edu](mailto:kgoodwin@widener.edu)

## 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

\_\_\_\_\_ Early Intervention \_\_\_\_\_ Child Guidance \_\_\_\_\_ Elwyn

\_\_\_\_\_ Speech & Language \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Plan 504

\_\_\_\_\_ Physical Therapy \_\_\_\_\_

### III. Parent/Guardian Information:

Child Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
 \_\_\_\_\_ Parents \_\_\_\_\_ Alternately \_\_\_\_\_ Only \_\_\_\_\_ Only  
 \_\_\_\_\_ Legal Foster \_\_\_\_\_  
 \_\_\_\_\_ Guardian \_\_\_\_\_ 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ 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: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
 Grade Student Is Entering: \_\_\_\_\_

**Signature of Charter School Representative:** \_\_\_\_\_