

CHARTER SCHOOL STUDENT ENROLLMENT NOTIFICATION FORM  
For School Year 2009/2010

**GRAYSTONE ACADEMY CHARTER  
SCHOOL**

139 Modena Road, Coatesville, PA 19320-0119 – Phone: 610-383-4311 – Fax: 610-383-7898

Charter School Contact Person: Melissa Lopez, Enrollment Coordinator e-mail address: mlopez@graystoneacademy.org

---

**I. Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

**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

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdrawal Date from Former School: \_\_\_\_\_

Student Not Enrolled in School Preceding Enrollment in Charter School Because:

Entering Kindergarten     Re-enrolling Dropout     Other \_\_\_\_\_

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  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: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

*If The Student Is Not Living with Parents, Please Complete This Section.*

Guardian's Name or  Foster Parent's Name or  Other Adult

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

---

*My signature on this form indicates my decision to have my child attend Graystone Academy Charter School and signifies my request that the appropriate school records be forwarded from the school district to Graystone Academy.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

---

**IV. To Be Completed by Charter School:**

Verification of date of birth:  Birth Certificate  Other: \_\_\_\_\_

Proof of Residency:  Mortgage Statement  Lease  Utility Bill  Other: \_\_\_\_\_

Official Enrollment date: \_\_\_\_\_ Anticipated Date of First Attendance: \_\_\_\_\_

Grade Student is entering: \_\_\_\_\_ PA State ID: \_\_\_\_\_

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