



HELEN THACKSTON CHARTER SCHOOL

625 East Philadelphia Street

York, PA 17403

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www.helenthackston.org

Denise Butts, Principal/CEO

APPLICATION FOR ENROLLMENT

STUDENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Grade: _____ Gender: _____ DOB: _____ Age: _____

Students Address: _____ City/State/Zip: _____

School District of Residence: _____ Main Contact Number: (____) _____

PARENT/GUARDIAN INFORMATION:

(Note: If any individual other than a natural parent is enrolling student, a documented Custody Agreement thru the Court of Common Pleas or an Agency Placement Letter is required)

1) Last Name: _____ First Name: _____ Relationship: _____

Address (if different from students): _____ City/State/Zip: _____

Home Phone (____) _____ Cell Phone(____) _____ Work Phone(____) _____ Email: _____

2) Last Name: _____ First Name: _____ Relationship: _____

Address (if different from students): _____ City/State/Zip: _____

Home Phone (____) _____ Cell Phone(____) _____ Work Phone(____) _____ Email: _____

SIBLING INFORMATION:

Does the student have any siblings currently enrolled in Helen Thackston Charter School? Yes _____ No _____

By signing below, I hereby swear and affirm that the information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

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: _____