



HELEN THACKSTON CHARTER SCHOOL

625 East Philadelphia Street

York, PA 17403

Phone: 717-846-6160 – Fax: 717-848-2856

www.helenthackston.org

Melissa Achuff, Interim Principal

Carlos Lopez, Interim CEO

ENROLLMENT DOCUMENTATION REQUIREMENTS

The following documentation is required at the time of registration. Parent must obtain all documentation prior to appointment, or they will need to reschedule.

- *Completed Enrollment Packet*
- *2 Proofs of Residency are required = A) Copy of lease or mortgage & B) License or Bill*
- *Student's Immunization Record*
- *Proof of Physical within 1 year*
- *Student's Birth Certificate*
- *Photo ID*

Court Approved Custody Papers or Agency Placement Letter (Note: This is required if Individual other than Biological Parent is Enrolling Student or if Student's parents have a Custody Agreement)

Charter School Student Enrollment Notification Form

For School Year _____

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: Helen Thackston Charter School

Address: 625 E Philadelphia St

York

Charter School

Contact Person: _____

Telephone: 717-846-6160

Email

Address: _____

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: _____ Female _____ Male _____

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: _____

School: _____

Previous Grade: _____ Withdrawal Date From Former School: _____

Was Your Child Receiving Special Education Services Based On An Iep? _____

If Yes, Do You Have The Child's Special Education Records (Iep)? _____ Yes _____ No

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: _____ 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.

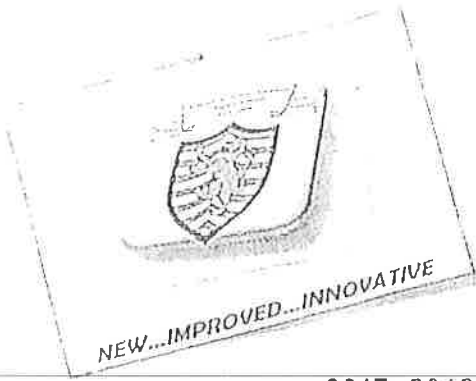
Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

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 Residency Mortgage Statement Lease Utility Bill Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____
Signature of Charter School Representative: _____



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2017- 2018 STUDENT ENROLLMENT NOTIFICATION FORM

STUDENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Ethnicity: (please select one box only) Asian Black, Non-Hispanic Hispanic White, Non-Hispanic

Native Hawaiian or Pacific Islander American Indian or Alaskan Native Other _____

EMERGENCY CONTACT INFORMATION: AT LEAST ONE CONTACT MUST BE PROVIDED FOR APPLICATION TO BE COMPLETE

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

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

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

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

COMMENTS THAT ARE CRITICAL TO YOUR CHILD'S SAFETY

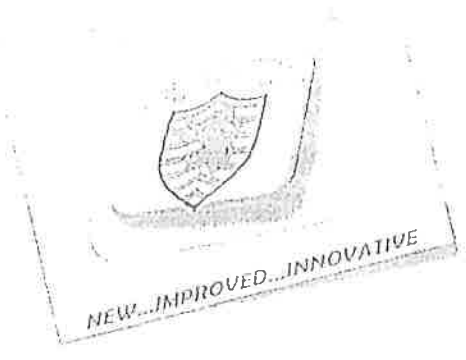
(i.e., Do not release child /or information to ____, etc. – Please provide court ordered documentation to support any claims)

FOR TRANSPORTATION PURPOSES, PLEASE INDICATE PICK-UP/DROP-OFF ARRANGEMENTS:

MORNING: Student walks/drives _____ Rabbit Transit _____ District Van _____ Parent drop-off _____

AFTERNOON: Student walks/drives _____ Rabbit Transit _____ District Van _____ Parent pick-up _____

Parent/Guardian Signature: _____ Date: _____



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REQUEST FOR RECORDS

Date: _____ Entered Helen Thackston Charter School on: _____

Student First Name: _____ Last Name: _____

Previous School Name: _____

Address: _____

School Phone: _____ Previous School Fax: _____

Please send records to the above address.

Academic Records Health & Dental Records Standardized Tests Attendance

Discipline Report Birth Certificate ESL Records Guardianship/Custody Documents

Original Permission to Evaluate, Initial Evaluation Report, Psychological Evaluation Report, Re-Evaluation Report, IEP, NOREP, and any current documents with signatures

Any and all information regarding performance and behavior observations (FBA, PBSP, Etc.)

Signature of Parent

Signature of School Official

FOR OFFICE USE

Certified disciplinary records are enclosed

This student has no disciplinary records

The signature of the following individual certifies the disciplinary records enclosed are the true and accurate disciplinary records of the above named student.

Signature of School Official