Charter School Student Enrollment Notification Form

For School Year ________________

Must Print and Sign

Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school, but is permitted to complete an application for enrollment while enrolled in other school.

Name of Charter School: Agora Cyber Charter School

Address: 590 North Gulph Road

King of Prussia, PA 19406

Charter School Contact Person: Business Office

Telephone: 844-462-4672 Email: enrolldocs@agora.org

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: ________ School: ____________________________

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
III. Parent/Guardian Information:

Child Lives With: 
- Both Parents
- Both Parents
- Alternately
- Foster Parents
- Other Adult

Legal Guardian

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: __________

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

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

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: ____________________________