Charter School Student Enrollment Notification Form
For School Year  2020--2021

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: Erie Rise Leadership Academy Charter School

Address: 1006 West 10th Street

Erie, PA  16502

Charter School Contact Person: Aubrey Favor, Interim CEO

Telephone: 814.520.6468

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
III. Parent/Guardian Information:

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

Both Parents

Mother Only

Father Only

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 _______ Other
Proof of Residency: _______ Utility _______ Other
Proof of Residency: _______ Lease _______ Bill _______ Other

Official Enrollment Date: ___________ Anticipated Date of Attendance: ___________

Grade Student Is Entering: ___________

Signature of Charter School Representative: ___________________________