

Charter School Student Enrollment Notification Form

For School Year 2012 - 2013

Name of Charter School: Global Leadership Academy Charter School
Address: 5151 Warren Street
Philadelphia, PA. 19131
Charter School Contact Person: Ms. Tashinna Smith
Telephone: 215-477-6672 Email Address: tsmith@gl charter.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: _____ 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 _____ 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.

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: _____

Global Leadership Academy Charter School
CHILD SURVEY (K to 12)

Student Name _____ Grade _____

Dear Parent:

The following information is very important to your child's success at Global Leadership Academy Charter School. Answers to these questions will be treated as confidential information and will not be released without your consent.

Please read each statement carefully before responding.

Has your child ever had any of the following:

Child study or Instructional Support _____ Yes _____ No _____ I don't know
(within the last calendar year)

IEP for Special Education Services _____ Yes _____ No _____ I don't know

GIEP for Mentally Gifted Program _____ Yes _____ No _____ I don't know

Psychological Evaluation _____ Yes _____ No _____ I don't know

Psychiatric Evaluation _____ Yes _____ No _____ I don't know

Multidisciplinary Evaluation _____ Yes _____ No _____ I don't know

Speech and Language Evaluation _____ Yes _____ No _____ I don't know

504 Service Agreement Accommodation Plan _____ Yes _____ No _____ I don't know

English as a Second Language (ESL) Instruction _____ Yes _____ No _____ I don't know

Auditory and/or Vision Therapy _____ Yes _____ No _____ I don't know

Remedial teaching or tutoring in school for any subject _____ Yes _____ No _____ I don't know

Enrichment in Reading and/or Math _____ Yes _____ No _____ I don't know

If yes, please provide details below:

Parent Signature

Date

Global Leadership Academy Charter School
Enrollment Information

Gender: _____ Female

_____ Male

Other Siblings at GLA/Applying: Name/Grade

Ethnicity: _____ American Indian

_____ Asian

_____ African American

_____ Hispanic

_____ Caucasian

_____ Multi-Racial

_____ Decline to answer

Authorized individuals to pick up child (include parents)

Additional Emergency Contacts: Name/Relationship/Telephone Number
