



4030 Brown Street
 Philadelphia, PA 19104
 tel 215-823-8208
 fax 215-823-8209
www.belmontcharternetwork.org/bcs

We are glad you are considering sending your child(ren) Belmont Charter School. When registering students at Belmont Charter School, students must reside in the Belmont Catchment Area (as defined by PSD). Once you have provided the required information and completed Enrollment Packet to the school, your child(ren) is placed on the waiting list and a Family Interview appointment is scheduled. No child will be considered fully registered until all required enrollment packet documents are received. See below for required materials.

Thank you,

Jennifer Faustman
 Executive Director

Claire Cohen
 Chief Academic/Operations Officer

Student Name:	
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Required Documentation: The following documents are required for a student to be enrolled.

- Complete Enrollment Packet
- Proof of Residency (Any two (2) of the following are acceptable): deed, lease, mortgage agreement, notarized Residency Agreement, current utility bill, current credit card bill, property tax bill, vehicle registration, driver’s license, and DOT identification card
- Proof of Age (Any one (1) of the following is acceptable: birth certificate, baptismal certificate, passport, notarized statement indicating date of birth, prior school records showing date of birth)
- Student Immunization Records

Recommended Documentation: In order to ensure proper placement and best meet the needs of every student, we ask that you provide any of the following documentation that you have available. Please note that these documents are not required, but are very helpful to us as we work through the enrollment process.

- Parent/Guardian Photo Identification
- Student Physical Assessment Records
- Student Dental Examination Records
- Copy of Student Health Insurance Card
- Any Previous School Records (Academic, Attendance, IEP, Disciplinary, etc.)
 *A release form is included if you would prefer for us to obtain these records directly.
- Family Interview (scheduled in the main office beginning on May 4th)

School Contact Information

BCS Address: 4030 Brown Street, Philadelphia, PA 19104
Phone Number: 215.823.8208
Fax Number: 215.823.8209 (ATTN: Registration)

BACS Address: 907 N. 41st St., Philadelphia, PA 19104
Phone Number: 215.386.5768
Fax Number: 215.386.5769 (ATTN: Registration)

<p>Your appointment is scheduled for:</p> <p>_____</p> <p style="text-align: center;">Date</p> <p>_____</p> <p style="text-align: center;">Time</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Head Start/Pre-K <input type="checkbox"/> BACS Kindergarten <input type="checkbox"/> BCS Elementary <input type="checkbox"/> BCS Middle School
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- Please check this box if you’d like to schedule an appointment with our health center to complete a physical assessment.

Charter School Student Enrollment Notification Form

For School Year: 2018-2019

Name of Charter School: Belmont Charter School

Address: 4030 Brown St.
Philadelphia, PA 19104

Charter School Contact: Stacey Wolf

Telephone: 215.823.8208

Email Address: stacey.wolf@belmontcharternetwork.org

Name of Charter School: Belmont Academy Charter School

Address: 907 N. 41st St.
Philadelphia, PA 19104

Charter School Contact: Griffith Price

Telephone: 215.386.5768

Email Address: Griffith.price@belmontcharternetwork.org

I. Student Information:

Last Name: _____ **First Name:** _____ **MI:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Telephone: _____

Date of Birth: _____ **Age:** _____

Mailing Address (if different from home address): _____

City: _____ **State:** _____ **Zip Code:** _____

II. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (including Day Care or other Pre-School): _____

_____ Public School _____ Charter School _____ Home School _____ Non-Public School

_____ Student not enrolled in school preceding enrollment in charter school because:

_____ Re-Enrolling Dropout _____ Other: _____

Previous Grade: _____ **Withdrawal Date From Former School:** _____

Was your child receiving special education services based on an IEP (School Age or Early Intervention Services)?

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: _____

HOME SCHOOL COMMUNICATION and EMERGENCY CONTACTS

Please fill out the form below with the most accurate information possible. The information you provide will allow us to communicate with you in the manner that you most prefer. If you have a change in phone numbers, please let the front office know as soon as possible so that we can update the database and maintain current phone numbers in case of an emergency.

Student Name: _____ **Room #:** _____

Parent/Guardian Name (Primary Contact Person): _____

Home Address: _____

Email Address: _____

Phone Number 1: _____ **Circle One:** Cell Home Work

Phone Number 2: _____ **Circle One:** Cell Home Work

- I would like to receive text messages through the automated calling system (notifications of school events, early dismissals, snow days, etc..)
- I would like to receive emails from the school concerning my child's progress, school announcements and school events.

When no one is reached at the numbers above whom should we call? These individuals are considered emergency contacts and must be willing to communicate with the school about the above student, act as an emergency contact, and be able and willing to pick the above student up from school due to emergency or illness. For the following individuals, you are giving them permission to pick up your children. Please list all phone numbers in order of calling preference.

Name: _____ **Relationship to Student:** _____

Phone Number 1: _____ **Circle One:** Cell Home Work

Phone Number 2: _____ **Circle One:** Cell Home Work

Name: _____ **Relationship to Student:** _____

Phone Number 1: _____ **Circle One:** Cell Home Work

Phone Number 2: _____ **Circle One:** Cell Home Work

Name: _____ **Relationship to Student:** _____

Phone Number 1: _____ **Circle One:** Cell Home Work

Phone Number 2: _____ **Circle One:** Cell Home Work

Name: _____ **Relationship to Student:** _____

Phone Number 1: _____ **Circle One:** Cell Home Work

Phone Number 2: _____ **Circle One:** Cell Home Work

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Home Language Survey

The office of Civil Rights (OCR) requires that school districts/charter schools/full fall day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

Name: _____

School District: Philadelphia

Date: _____

School: Belmont Academy/ Belmont Charter School

Grade: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English?

YES NO

If YES, specify the language(s): _____

3. What languages is/are spoken in your home? _____

4. Can school documents be sent home in English? YES NO

5. Has the student attended any United States school during his/her lifetime?

YES NO

If YES, complete the following:

Name of School	State	Dates Attended
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_____	_____	_____
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_____	_____	_____
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Person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____

Date: _____

* The school district/charter school full day AVTS has the responsibility under the federal law to serve the students who are limited proficient and need English instructional services. Given this responsibility, the school district/ charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/ Full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/ charter school/ full day AVTS in the future.

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Registration Statement

Student Name: _____ Date of Birth: _____

Grade Level: PreK K 1 2 3 4 5 6 7 8

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

According to the School Code of Pennsylvania, which governs and operates all public schools in the state, section 13-1304-A states in part that "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence omitted on school property."

I hereby swear or affirm that my child... (Please circle):

WAS WAS NOT previously **suspended** or **expelled** and or/
IS IS NOT presently **suspended** or **expelled**

...from any public or private school for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13-1304-A (b) and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities. If convicted under these sections, I will be sentenced to pay a fine. Understanding the consequences of providing false information, I state the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school district from which the student was suspended or expelled:

Dates of suspension and/or expulsion:

Reason for suspension and/or expulsion:

Signature of Parent/Guardian: _____ Date: _____

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Consent for Release of School Records

To Whom It May Concern:

I hereby authorize the release of all school records including but not limited to past report cards, Individualized Education Plans, attendance records, interim reports, and behavior documentation reports from:

School: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone: _____	Fax: _____		

And to communicate as needed with the school leadership and or teachers of the student listed below.

Student: _____		Date of Birth: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Name of Parent/Guardian: _____		

Please mail or fax requested information to:

School Registrar: Griffith Price/Stacey Holmes

School: Belmont Charter School

Address: 4030 Brown Street
Philadelphia, PA 19104

Telephone: 215.823.8208 **Fax:** 215.823.8209

School Registrar: Anitra Morris

School: Belmont Academy Charter School

Address: 907 N. 41st St.
Philadelphia, PA 19104

Telephone: 215.386.5768 **Fax:** 215.386.5769

I understand that the information provided will be used to assist in the placement and educational services of my child. I understand that this authorization will remain in effect from the date hereof to the end of the current school year unless sooner revoked by me at any time in writing.

Signature of Parent/Guardian: _____

Date: _____