



# Inquiry Charter School

## Student Enrollment Packet

2021-2022 School Year

Welcome to INQUIRY Charter School! We're so excited that you will be joining us for the 2021-2022 school year. This packet contains all of the necessary forms, documents and information we need for official student enrollment. Once we receive all of your paperwork, we will send you a confirmation e-mail. We will also use this e-mail address to send school updates and information throughout the summer.

In August, we will mail home a packet with a few additional recommended forms. The packet will include a student profile, emergency contact sheet and health forms along with a request for updated physical and dental assessments.

Please call us at 215-823-5541 if you have any questions!

Thank you,

Claire Cohen

*Head of School*

**Student Name:**

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

- Home Language Survey
- Parent Registration Statement
- 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 are 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.

**School Information:**

**School Name:** INQUIRY Charter School

**School Contact:** Jackie Clemens

**Building Address:** 1301 Belmont Avenue  
Philadelphia, PA 19104

**Phone Number:** 215.823.5541  
**Fax Number:** 215.877.1282

**E-mail Address:** enrollment@belmontcharternetwork.org *(Please include student name in the subject line.)*

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### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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### School District of Residence and Former School Information:

School District of Residence: \_\_\_\_\_

Former School Information (including Daycare or other Pre-School Program): \_\_\_\_\_

\_\_\_\_ Public School    \_\_\_\_ Charter School    \_\_\_\_ Home School    \_\_\_\_ Non-Public School

\_\_\_\_ Student was not enrolled in school preceding enrollment at INQUIRY Charter School because:

\_\_\_\_ Not of School Age    \_\_\_\_ Re-Enrolling Dropout    \_\_\_\_ Other: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdrawal Date From Former School: \_\_\_\_\_



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### Parent/Guardian Information

Child lives with:  Both Parents  Both Parents Alternately  Mother Only  Father Only  Legal Guardian  
 Foster Parents  Other Adult (Please Specify): \_\_\_\_\_

Special Custodial Court Instructions (If yes, please provide a copy of the court order): \_\_\_\_\_ YES \_\_\_\_\_ NO

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**Complete Parent/Guardian Name and Address Information (\*Please complete all applicable sections)**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**If this student is not living with their parent(s), please complete this section:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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*My signature on this form indicates my decision to have my child attend the INQUIRY Charter School and signifies my request that appropriate school records be forwarded from the School District to the Charter School.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### Home Language Survey (PA Requirement)

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.

School District: Philadelphia

Date: \_\_\_\_\_

School: INQUIRY Charter School

Grade: \_\_\_\_\_

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

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

(Do not include languages learned at school)

YES     NO

If YES, specify the language(s): \_\_\_\_\_

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

4. Would you like school documents sent home in another language? If yes, please specify:

YES \_\_\_\_\_  NO

5. Has the student attended any United States school in any 3 years during his/her lifetime?

YES     NO

If YES, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.





### 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 following student:

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

Please e-mail or mail any requested information to:

**School Name:** INQUIRY Charter School

**School Contact:** Jackie Clemens

**Building Address:** 1301 Belmont Avenue  
Philadelphia, PA 19104

**Phone Number:** 215.823.5541  
**Fax Number:** 215.877.1282

**E-mail Address:** enrollment@belmontcharternetwork.org *(Please include student name in the subject line.)*

*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 in writing at any time.*

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Dear Families,

The following information is helpful to us as we prepare for the year ahead and begin to learn more about our new students and their families. Though this information is helpful it is not required and will not impact enrollment.

### Family Information

1. Student Name: \_\_\_\_\_

2. How did you hear about Inquiry Charter School?

- Current ICS Family
- Facebook
- Great Philly Schools website
- School Fair
  - Location: \_\_\_\_\_
- School Event
- Poster/Flyer
  - Location: \_\_\_\_\_
- Other: \_\_\_\_\_

3. Do you have any other school-aged children?

- NO
- YES - If yes, where do they attend school? \_\_\_\_\_

### Demographics

4. Hispanic/Latino

- NO
- YES

5. Race

- Black/African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- White
- Other



### Medical

6. Does your child have a medical condition that may prevent them from participating in day-to-day school activities?
- NO
  - YES – If yes, please explain: \_\_\_\_\_
7. Does your child take any medication?
- NO
  - YES
8. Does your child have any food allergies/restrictions? (including no pork or vegetarian)
- NO
  - YES – If yes, please explain: \_\_\_\_\_

### Planning Questionnaire

9. Are you interested in before-care and/or after-care?
- NO
  - YES
10. Would you be interested in having your student participate in our school meal program?
- NO
  - YES

### Special Education

11. Is your child receiving special education services based on an IEP (School Age or Early Intervention Services)?
- NO
  - YES
12. If YES, do you have a copy of your child's special education records (IEP)?
- NO
  - YES
13. Has your child ever received behavior support services (1-on-1 support (TSS), in-school counseling, etc.)?
- NO
  - YES