



126-136 W Dauphin Street
Philadelphia, PA 19133
Mrs. Wanda Novalés, Chief Executive Officer

(215)425-1212 Telephone
(215) 423-0871 Fax
Dr. Darcy Russotto, Principal

Charter School Student Enrollment Notification Form For School Year 2012-2013

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: PAN AMERICAN ACADEMY CHARTER SCHOOL

Address: 126-136 W. DAUPHIN STREET
PHILADELPHIA, PA. 19133

Charter School Contact Person: Ms. Ingrid Santos or Ms. Julie Roman

Telephone: 215-425-1212 Email: www.panamericanacademy.org
Address: _____

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. **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: _____