



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

## 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: **Executive Education Academy Charter School 555**  
 Address: **Union Blvd., Suite 4  
Allentown, PA 18109**

Charter School Contact Person: **Mr. John Tuosto**  
 Telephone: **610-841-7044** Email Address: **Jtuosto@ee-schools.org**

### I. STUDENT INFORMATION: *información del estudiante*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
*apellido nombre*

Home Address: \_\_\_\_\_  
*direccion de casa*

City: \_\_\_\_\_ State: PA Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
*ciudad estado código postal condado*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
*teléfono correo electrónico*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
*fecha de cumpleaños años género masculino hembra*

Does the child currently have siblings attending EEACS?  Yes  No  
*¿Tiene el niño actualmente hermanos que asisten EEAC? sí no*

Mailing Address: If different from home address *Dirección postal si es diferente del domicilio*

Street: \_\_\_\_\_  
*calle*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
*ciudad estado código postal*

### II. SCHOOL DISTRICT OF RESIDENCE AND FORMER SCHOOL INFORMATION:

*distrito escolar de residencia y ex información de la escuela*

School District of Residence: \_\_\_\_\_  
*El distrito escolar de residencia:*

Former School Information (Other than Pre-School): *Ex información de la escuela (que no sea preescolar)*

Public School  Charter School  Home School  Nonpublic School  
*Escuela publica Escuela autónoma escuela de origen escuela no pública*

Student Not Enrolled in School Preceding Enrollment in Charter School because: *Estudiantes no están matriculados en la escuela de inscripción precedente en la Escuela Charter porque:*

Entering Kindergarten  Re-Enrolling Dropout  Other: \_\_\_\_\_  
*Introducción a Kindergarten Re-Inscripción de deserción Otro:*

Name of Former School: \_\_\_\_\_  
*Nombre de la escuela anterior:*

Address of Former School: \_\_\_\_\_  
*Dirección de la escuela anterior:*

Grade in 2019/2020: \_\_\_\_\_ Withdrawal date from Former School: \_\_\_\_\_  
*Grado 2019 -20: Fecha de retiro de la escuela anterior:*

Was your child receiving Special Education services based on an IEP?  Yes  No  
*¿Su niño que recibe servicios de educación especial basado en un IEP? sí no*

If Yes, do you have the child's Special Education records (IEP)?  Yes  No  
*¿En caso afirmativo, ¿tiene los registros de educación especial del niño (IEP)? sí no*

**III. PARENT/GUARDIAN INFORMATION:** *La información del padre / tutor:*Child lives with: *El niño vive con:* Both Parents  
*ambos padres* Both Parents Alternately  
*ambos padres alternativamente* Mother  
*Madre* Father  
*Padre* Legal Guardian  
*tutor legal* Foster Parents  
*padre adoptivo* Other Adult: \_\_\_\_\_  
*otro adulto*Special custodial court instructions: *instrucciones especiales judiciales de custodia* Yes *sí*  No *no*

If Yes, please provide the school with a copy of the Court Order.

*En caso afirmativo, proporcionar a la escuela una copia de la orden de la corte.***Complete the Parent/Guardian Name and Address Information as Applicable**

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

*nombre del Padre*

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

*direccion de casa*

City: \_\_\_\_\_

*ciudad*

State: \_\_\_\_\_

*estado*

Zip Code: \_\_\_\_\_

*código postal*

Home/Cell Phone Number: \_\_\_\_\_

*Numero de teléfono primario*

Work Telephone: \_\_\_\_\_

*teléfono del trabajo:*

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

*nombre de la Madre*

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

*direccion de casa*

City: \_\_\_\_\_

*ciudad*

State: \_\_\_\_\_

*estado*

Zip Code: \_\_\_\_\_

*código postal*

Home/Cell Phone Number: \_\_\_\_\_

*Numero de teléfono primario*

Work Telephone: \_\_\_\_\_

*teléfono del trabajo:***If the Student is NOT Living With Parents, Please Complete This Section:**

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

*Nombre*

Relationship to Child: \_\_\_\_\_

*Relacion hacia el niño*

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

*direccion de casa*

City: \_\_\_\_\_

*ciudad*

State: \_\_\_\_\_

*estado*

Zip Code: \_\_\_\_\_

*código postal*

Home/Cell Phone Number: \_\_\_\_\_

*Numero de teléfono primario*

Work Telephone: \_\_\_\_\_

*teléfono del trabajo:*

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:** *Para ser completado por la escuela charter*

Verification of Date of Birth: \_\_\_\_\_

 Birth Certificate Other: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

 Mortgage Lease Utility Bill Other: \_\_\_\_\_

Official Enrollment Date: \_\_\_\_\_

Anticipated date of attendance: \_\_\_\_\_

Grade Student is Entering In: \_\_\_\_\_

Signature of CS Representative: \_\_\_\_\_

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