****

For Office Use Only:

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

Initials: \_\_\_\_\_\_\_\_\_\_\_\_

STUDENT APPLICATION – 2019-2020

*Please complete one application for each child you wish to enroll in the York Academy Regional Charter School.*

**To be eligible for admission, complete this form and mail it to:**

**York Academy Regional Charter School
32 West North Street
York, PA 17401**

**Completed application can also be faxed to 717-718-1092 or emailed to tziegler@yorkarcs.org**

**STUDENT INFORMATION**
*(Please Type or Print Clearly – Should there be a change in requested information,*

*it is the responsibility of the parent/guardian to contact the school to provide the change.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  |  |  |
|  **First** |  |  **MI** |  **Last** |
|  **Male** [ ]  **Female** [ ]  |
| **This child is a sibling of a current York Academy student(s):** | **Yes:** [ ]  | **No:** [ ]  |
|  | **If yes, name of sibling(s):** |  |
| **Is there more than one sibling applying?** | **Yes:** [ ]  | **No:** [ ]  |
|  | **If yes, name(s) of sibling(s):** |  |
| **Home Address:** |  |  |  |
|  **Street** | **City** | **Zip** |
|  **Phone:** | **Home** | **Cell** |
| **Date of Birth:** |  |  |
|  **School District of Residence:** |  |
|  **Current Grade Level:** |  |
| **Grade (2019-2020 School Year):** |  |

**PARENT/LEGAL GUARDIAN**
*(Please Type or Print Clearly)*

|  |  |
| --- | --- |
|       |       |
| First Name | Last Name |
| Relationship to Child: | [ ] Father [ ] Mother [ ] Other : | Provide “Other”       |
| Home Address: |       |
|  |       |
|  Phone | Home:       | Cell:       |
| Email Address: |       |

**PARENT/LEGAL GUARDIAN**
*(Please Type or Print Clearly)*

|  |  |
| --- | --- |
|       |       |
| First Name | Last Name |
| Relationship to Child: | [ ] Father [ ] Mother [ ] Other : | Provide “Other”       |
| Home Address: |       |
|  |       |
|  Phone | Home:       | Cell:       |
| Email Address: |       |