****

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)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
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| Relationship to Child: | | | Father Mother Other : | | | Provide “Other” |
| Home Address: | |  | | | | |
|  | |  | | | | |
| Phone | Home: | | | | Cell: | |
| Email Address: | |  | | | | |