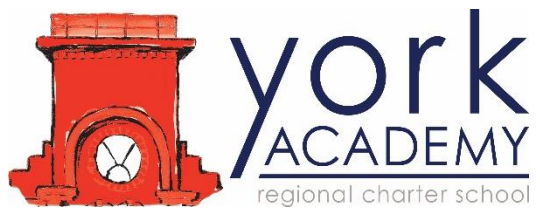


For Office Use Only:
Date: _____ Grade: _____
Application # _____ Initials: _____



STUDENT APPLICATION - 2017-2018

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

Deadline for application to be included in the lottery is February 24, 2017.

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

This child is a sibling of a current York Academy students: Yes: No:

If yes, name of sibling(s): _____

Home Address:

Street City Zip

Phone: Home _____ Cell _____

Date of Birth: _____

School District of Residence: _____

Current Grade Level: _____

Grade (2017-2018 School Year): _____

PARENT/LEGAL GUARDIAN
(Please Type or Print Clearly)

	First	Last
Relationship to Child:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other :	Provide "Other"
Home Address:		
Phone	Home:	Cell:
Email Address:		

PARENT/LEGAL GUARDIAN
(Please Type or Print Clearly)

	First	Last
Relationship to Child:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other :	Provide "Other"
Home Address:		
Phone	Home:	Cell:
Email Address:		

Deadline for application to be included in the lottery is February 24, 2017.