CHRISTOPHER COLUMBUS CHARTER SCHOOL INTENT TO REGISTER

Student Information (Please print)

Name		
Last	First	Middle
Address		
City	_State	Zip Code
Phone ()		Cell Phone ()
Grade Entering : K 1 2	3 4 5 6 7 8	(2018-2019)
E-Mail Address		Confirm E-mail address
Gender: Male / Female		Date of Birth

<u>KINDERGARTEN APPLICANTS</u> <u>KINDERGARTEN CHILD MUST BE 5 BY SEPTEMBER 1, 2018</u>

PRE-K YOUR CHILD CURRENTLY ATTENDS_____

Sibling Information

Does the student have a sibling currently enrolled at CCCS?

Sibling is defined as a brother or sister

If so, Sibling's name

Grade in 17-18 _____

<u>REQUIRED DOCUMENTS</u> Proof of residency in Philadelphia County (a recently dated PECO or PGW bill, a current vehicle registration card, or a recent pay stub)

PARENTAL INFORMATION

PARENT/LEGAL GUARDIAN (Please print)

Last	First	Middle	
Address			_
City	_ State	Zip Code	
Home Telephone Number Work Telephone Num		Telephone Number	nber
Cell Telephone Number	E-mail	address	
Relationship to child?			
Last	First	Middle	
Address			
City	State	Zip Code	
Home Telephone Number	Work	Telephone Number	
Cell Telephone Number	E-mail a	address	
Relationship to child?			
I certify that the info that any false inform	*	is accurate and complete. I unde s intent to register.	rstand
Parent's/Guardian's	Signature	Date	
Parent's/Guardian's	Signature	Date	
<u>G</u> Lottery	Frades 1-8 will be acce y for Kindergarten wil	re due by January 31, 2018 pted until May 1, 2018 I be held on March 16, 2018 be held on June 29, 2018	
regardless of	f race, sex, sexual of	any child – all are considered ecorientation, religion or beliefs.	-
INTENT TO REG	ISTER DOES NC	DT GUARANTEE ACCEPTA	NCE.

Attachment A -Parental Registration Statement

Christopher Columbus Charter School

Student Name				
Date of Birth Grade				
Parent or Guardian Name				
Address				
Telephone Number				
Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."				
Please complete the following:				
I hereby swear or affirm that my child waswas notpreviously suspended or expelled,				
or isis notpresently suspended or expelled from any public or private school of this				
Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for				
the willful infliction of injury to another person or for any act of violence committed on school				
property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A.				
§4904, relating to unsworn falsification to authorities, and the facts contained herein are true and				
correct to the best of my knowledge, information and belief.				
If this student has been or is presently suspended or expelled from another school, please complete:				
Name of the school from which student was suspended or expelled:				
Dates of suspension or expulsion:				
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)				
Reason for suspension/expulsion (optional)				
(Signature of Parent or Guardian)				

(Date)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.