

Application for Enrollment - City Charter High School

By US Mail: City Charter High School Attention: Admissions 201 Stanwix Street, Suite 100 Pittsburgh, PA 15222	By Email/Online admissions@cityhigh.org cityhigh.org/admissions	FAX 412.690.2316 ATTN: ADMISSIONS
--	--	--

APPLICATIONS ARE CONSIDERED COMPLETE WHEN THEY INCLUDE BIRTH CERTIFICATE AND IMMUNIZATION RECORD.

STUDENT INFORMATION

First Name:		Last Name:	
Middle Initial:	Suffix: (Jr., III)	Date of Birth: (mm-dd-yyyy) ____ / ____ / ____	Primary Phone #:
Housing: <input type="checkbox"/> Rent/Own <input type="checkbox"/> Other		Are there any custody or legal documents? (IF YES, PLEASE SEND A COPY WITH YOUR APPLICATION) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the student a sibling of a current City High Student? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, what is the sibling's FULL NAME?</i>			
Current Grade: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		Applying for: <input type="checkbox"/> 9 <input type="checkbox"/> 10	School Year Applying for:
Current School:		Current School District:	
Current School is: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home School			
Does student currently receive ANY of these supports (CHECK ALL THAT APPLY)?			
<input type="checkbox"/> IEP for Special Education Services <input type="checkbox"/> 504 Plan <input type="checkbox"/> ESL Services <input type="checkbox"/> None of these			
Does your family speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If YES, what LANGUAGE(S)?</i>			

DEMOGRAPHIC INFORMATION:

We are required by state and federal reporting regulations to gather this information.

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Is student of HISPANIC/LATINO ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander
How did you hear about City High (check all that apply)?		
<input type="checkbox"/> Family/Friend <input type="checkbox"/> Open House/School Fair <input type="checkbox"/> Direct Mail <input type="checkbox"/> City High Website <input type="checkbox"/> Social Media <input type="checkbox"/> Online Ad <input type="checkbox"/> Other: _____		
Please let us know if there is any other information about the student (health, living circumstances, etc.) that you think is important for us to know:		

Application for Enrollment - City Charter High School

Parent/Guardian Information:

Information about the 1st adult the student lives with (the primary parent / guardian)		
First Name:	Last Name:	
Address (must produce proofs of residency once accepted)	Address Line 2:	
City:	State:	Zip:
Email:	Primary Phone #:	Work/Secondary Phone #:
Relationship to Student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Highest Level of Education Completed:	
What is your preferred contact method? <input type="checkbox"/> Primary Phone <input type="checkbox"/> Email		

Information about the 2nd adult the student lives with (if there is one)		
First Name:	Last Name:	
Email:	Primary Phone #:	Work/Secondary Phone #:
Relationship to Student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Highest Level of Education Completed:	
What is your preferred contact method? <input type="checkbox"/> Primary Phone <input type="checkbox"/> Email		

Additional Contact Information:

If we can't contact the adults listed above, who should we call?

Additional Contact		
First Name:	Last Name:	
Relationship to Student:	Primary Phone #:	Email:

Additional Contact		
First Name:	Last Name:	
Relationship to Student:	Primary Phone #:	Email: