



Parent Signature Form

Student Name: _____

Use of Student Photograph

CHECK ONE:

- I give permission for my child's photograph and name to be used on the City Charter High School website, on promotional material or in local media.
 - I **DO NOT** give permission for my child's photograph or name to be used on the City Charter High School website, on promotional material or in local media.
-

We agree to abide by the policies and procedures of City Charter High School. We acknowledge that we have received information today about the following items, and by signing below we agree to the terms laid out in the handouts.

- ✓ **Student Lockers**
- ✓ **Field Experiences**
- ✓ **Title One**
- ✓ **Dress Code**
- ✓ **Handbook**

Student Signature

Date

Parent Signature

Date



Home Language Survey

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedure requires that School Districts/Charter Schools identify limited English proficient (LEP) students. Pennsylvania has selected the home language survey as the method for the identification.

School Districts/Charter Schools have the responsibility under federal law to serve students who speak with limited English proficiency and need English instructional services. Given this responsibility, the School District/Charter School has the right to ask for the information it needs to identify English Language Learners (ELLs).

As part of the responsibility to locate and identify ELLs, the School District/Charter School may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the School District/Charter School in the future.

Student Name: _____

1. Is a language other than English spoken in the student's home? No Yes

If yes, what language or languages? _____

2. Does your student speak a language other than English? No Yes

If yes, what language or languages? _____

If you answered yes to question 1 or 2, please complete the following questions as well:

3. What language did your student first learn to speak? _____

4. Is your student receiving ELL or ESL services or has your student in the past?

No

Yes

I'm not sure

5. What language do you as parents/guardians prefer to receive communication in?

Person completing this form:

Name: _____ Signature: _____

Relationship to Student: _____ Date: _____



Parental Registration Statement

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 suspended or expelled from any public or private school of the Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful affliction of injury to another person or for any act of violence committed on school property."

I hereby swear or affirm that my child was was not previously suspended or expelled, and is is not currently expelled from any other public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful affliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24P.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.

Student Name _____

You must include all suspensions and expulsions for weapons, alcohol, drugs, and acts of violence. Any false or willful statement made below shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

School attending when violation occurred	Grade Level	Total # of Days	First Day of Suspension/Expulsion	Reason for Suspension/Expulsion

Print Parent/Guardian Name: _____

Parent Signature & Date: _____



Emergency Care Form

Student Name: _____ Grade: _____

Does your child have Asthma? Yes No Asthma Medications: _____

Does your child have any allergies (food, insects, medication)? Yes No

Current Medications: _____

Taken at home

Taken at school

No medications will be dispensed until this form is received in the Health Office

In addition to First Aid, the School Nurse may treat my child with:

Acetaminophen (Tylenol)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops (Halls)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil/Motrin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anbesol/Oragel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Throat Lozenges (sore throat)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacids (Tums)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Triple Antibiotic Ointment /		Bacitracin Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Significant Medical Conditions (if yes, please explain)

Cardiac	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Menstrual Disorder (females)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other (please specify) _____

Does your child wear glasses or contacts? _____

Please specify any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education:

I understand that if my child needs immediate medical attention and the school is unable to reach a parent or designated emergency contact my permission is granted to take my child to the emergency room for treatment. I also understand that this information may be shared with all appropriate school personnel.

Parent/Guardian Signature

Date

Charter School Student Enrollment Notification Form

For School Year: 2020-21

Warning: A child enrolled in another public school or a non public or private school can not, at the same time, be enrolled in a charter school.

Charter School: City Charter High School
Address: 201 Stanwix Street, Suite 100
Pittsburgh, PA 15222
Contact Person: Jeremiah Mosser
Telephone: p. 412-690-2489 x 121 f. 412-690-2316
Email Address: Admissions@CityHigh.org

I. Student Information:

Last Name: _____ First Name: _____ MI: _____
Home Address: _____
City: _____ State: _____ Zip: _____
County: _____ Telephone: _____
Mailing Address: _____
(If different from Home Address)
City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____

II School District of Residence and Former School Information:

School District of Residence: _____
Former School Information:
 Public School Charter School Home School Nonpublic School
 Student Not Enrolled in School Preceding Enrollment in Charter School Because:
 Entering Kindergarten Re-Enrolling Dropout Other
Name of Former School: _____
Address of Former School: _____

Previous Grade: 8 Withdrawal Date From Former School: June 2020

Was Your Child Receiving Special Education Services Based On An IEP? Yes No

If Yes, Do You Have The Child's Special Education Records (IEP)? Yes No

III Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only
_____ Legal Guardian _____ Foster Parents _____ Other Adult: _____

Special Custodial Court Instructions:

(If Yes, Please Provide a Copy of Court Order)

_____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable:

Father's Name: _____
Father's Address: _____
City, State Zip Code: _____
Home Phone: _____ Work Phone: _____

Mother's Name: _____
Mother's Address: _____
City, State Zip Code: _____
Home Phone: _____ Work Phone: _____

If The Student Is Not Living With Parents, Please Complete This Section:

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
Name: _____
Address: _____
City, State Zip Code: _____
Home Phone: _____ Work Phone: _____

My signature on this form indicates my decision to have my child attend City Charter High School, and signifies my request that appropriate school records be forwarded from the school district.

My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: _____ **Date:** _____

IV To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____

Proof of Residency: _____ Mortgage/Lease _____ Utility Bill _____ State ID _____ Other _____

Official Enrollment Date: _____ Anticipated Date of Attendance: _____

Grade Student is Entering: _____

Signature of Charter School Representative: _____