



**YOUNG SCHOLARS OF WESTERN  
PENNSYLVANIA**  
Charter School

**School Address:**  
600 Newport Dr.,  
Pittsburgh, PA 15234  
**Phone:** 412-668-2064  
**E-mail:** info@yswpcs.org  
**Website:** www.yswpcs.org

**ENROLLMENT PACKAGE INSTRUCTIONS/CHECKLIST**

*Please complete one Enrollment Package for each student admitted to the school. Please print clearly with blue or black ink being sure to include the student's name and phone number at the bottom of each page of each form. This is to ensure that we have the correct information for each student, should the pages of the documents get separated.*

*NOTE: Students are not officially enrolled until all complete forms have been submitted.*

*Please mark the box for each item on the list below as you complete/include it. This checklist is for your records only.*

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**ENROLLMENT FORM FOR 2017-2018 SCHOOL YEAR**

Please fill out all the information sections. Make sure you provide complete information including full mailing address. To ensure accurate data entry, please spell out all abbreviations, including street names, town names, and states.

**STUDENT INFORMATION:**

Grade Applying For \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

First

Middle

Last

Complete Address: \_\_\_\_\_

House/ Apt #

Street name

Home Telephone \_\_\_\_\_

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

Ethnicity (check one)

- American Indian / Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.
- Black / African American: A person having origins in any of the black racial groups of Africa.
- Asian / Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Caucasian: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Latino/Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Date of Birth \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

Verification for Date of Birth:  Birth Certificate  Baptismal Certificate

Other \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Transfer Card \_\_\_\_\_

Date of Entry into Pennsylvania \_\_\_\_\_

**FOR ALL REGISTRATIONS – STUDENT BACKGROUND INFORMATION**

*(Please include pre-school information for K Registrations)*

Former School District \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Former School Name \_\_\_\_\_

Former School Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Grades Repeated \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

Has Student ever been in special education program?  Yes  No

If yes, which program? \_\_\_\_\_

Does your child have an existing IEP/GIEP/Service Plan?  Yes  No

*(If yes, please provide copies of the most recent IEP/GIEP/Service Plan, Evaluations and Re-Evaluations.)*



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Child Living with:  Mother  Father  Both  Other

If Other, Relationship \_\_\_\_\_

Child's parents:  Single  Married  Separated  Divorced  Widow/Widower

Primary physical custodial parent/guardian \_\_\_\_\_

Special custodial court instructions \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please provide a copy of the court order)

**PARENT INFORMATION**

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

If applicable:

Step-parent's Name \_\_\_\_\_ and Business Phone \_\_\_\_\_

*If this address differs from the student's, can the district release information?* \_\_\_\_\_ Yes \_\_\_\_\_ No

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

If applicable:

Step-parent's Name \_\_\_\_\_ and Business Phone \_\_\_\_\_

*If this address differs from the student's, can the district release information?* \_\_\_\_\_ Yes \_\_\_\_\_ No

If the student is living with Guardian(s) other than parent, please fill in this section

Guardian(s)'s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

**SIBLINGS INFORMATION**

Siblings (living in home)	Date of Birth	Male/Female	Grade/School

*I do hereby declare that I am a resident of \_\_\_\_\_ (i.e. the Baldwin-Whitehall School District) and reside at the address listed on this form. All information regarding residency is complete and correct to the best of my knowledge. I understand that false information will result in the immediate removal of the student and will make me personally liable for the annual tuition rate.*



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**EMERGENCY CONTACTS**

*If a parent cannot be contacted we will attempt to contact one of the following in the order listed below. Please list at least one emergency contact.*

**FIRST person to contact if parents cannot be reached:**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECOND person to contact if parents cannot be reached:**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_



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**HOME LANGUAGE SURVEY**

The Office of Civil Rights (OCR) requires that school districts/charter schools identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_
2. Does the student speak a language(s) other than English? (Do not include languages learned in school.)  Yes  No
3. If yes, specify the language(s): \_\_\_\_\_
4. What language(s) is/are spoken in your home? \_\_\_\_\_

Has the student attended any United States school in any 3 years during his/her lifetime?

Yes  No

If yes, complete the following:

Name of School	State	Dates Attended

Date of Entry into the US? \_\_\_\_\_

Date of Entry into Pennsylvania? \_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient 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 school as well as from students who enroll in the school district/charter school in the future.



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**SPECIAL EDUCATION SURVEY**

**(All registrants must sign and acknowledge that they have read this document)**

Does your child currently receive any of the following Special Services? Special Education and/or related services (including Speech/Language Therapy)  YES  NO

Does he/she have a current Individualized Education Plan (IEP)  YES  NO

IEP Includes: Speech/Language Therapy  YES  NO

Occupational Therapy  YES  NO Physical Therapy  YES  NO Does he/she have a current Evaluation or Reevaluation Report (ER/RR)  YES  NO

**Gifted Education**

Does he/she have a current Gifted Individualized Education Plan  YES  NO

Does he/she have a Gifted Written Report (GWR)  YES  NO

**504 Service Agreement**

Does he/she have a current 504 Service Agreement  YES  NO

504 Includes: Occupational Therapy  YES  NO

Physical Therapy  YES  NO

My child \_\_\_\_\_ DOES NOT receive special services.

Child's Name

Please provide the registrar with a copy of all documents pertaining to your child's special services. Sign below acknowledging that the above information is correct

I \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_,

acknowledge that the questions above are answered to the best of my knowledge and understanding.

\_\_\_\_\_ Parent/Guardian Signature Print

Parent/Guardian Name

***If you have any questions in reference to special services please contact the office of Special Education at (412) 668-2064 x 101***



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**HEALTH INSURANCE AND HEALTH INFORMATION**

**Primary Physician Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Type of Health Insurance:  HMO       Medicaid       CHIP       Other

If the student is covered by Medicaid, provide the Medicaid number: \_\_\_\_\_

Please note that it is mandatory in the Commonwealth of Pennsylvania for children under 18 to have health insurance. If your family needs assistance in finding insurance, please see the school nurse for assistance.

**Read and check:**

*I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving—including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy—the school district has the right to receive partial reimbursement from Medicaid for those services rendered.*

Please list any serious allergies, conditions, or restrictions the student has:

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Please list any physical or emotional disabilities the student has:

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**EMERGENCY RELEASE**

YSWPCS will attempt to reach the parent/legal guardian or one of the people listed as an emergency contact but if none of these people can be reached, YSWPCS personnel have my permission to use discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE YSWPCS NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**HEALTH HISTORY SURVEY**

**To Parent or Guardian:** The information requested on this form will be helpful to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. Physicals are required for all new students, Kindergarten and 6th grades.

Name of Child \_\_\_\_\_ Gender: Male  Female

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Name and Phone Number of Child's Physician or Other Source of Medical Care:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Provide Details of Medical History and attach copy of immunizations:

Chickenpox	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chronic Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bee Sting Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lactose Intolerant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Allergies: Yes  No  if yes, describe \_\_\_\_\_

Tuberculosis or contact: Yes  No  if yes, describe \_\_\_\_\_

Serious Illness: Yes  No  if yes, describe \_\_\_\_\_

Operations: Yes  No  if yes, describe \_\_\_\_\_

Head Injuries or Serious Accidents: Yes  No  if yes, describe \_\_\_\_\_

Have any problem with vision, hearing or speech? Yes  No  if yes, describe \_\_\_\_\_

Take medication? Yes  No  if yes, describe \_\_\_\_\_

Other pertinent information about your child's health: \_\_\_\_\_

Is your child able to participate in a full school program? Yes  No  if not, state reason \_\_\_\_\_ (Information from your physician will be required if restriction is necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**IMMUNIZATION HISTORY**  
***(School Office Use only)***

Student Name: \_\_\_\_\_

Diphtheria (DPT) 4 Required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Tetanus and diphtheria (Tdap) 1  
(Required if at least 5 years have elapsed since last dose)

1. \_\_\_\_\_

Polio (OPV) 4 Required

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Measles, Mumps & Rubella (MMR) 2 Required the first given after age 1

1. \_\_\_\_\_
2. \_\_\_\_\_

Hepatitis B (HBV) 3 Required

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Meningococcal Conjugate Vaccine (MCV) 1 Required

1. \_\_\_\_\_

Varicella (VPD/VAC) 2 Required

2. \_\_\_\_\_
3. \_\_\_\_\_

Child Physical Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Check if

- Immunization Record is complete for enrollment
- Immunization Record is incomplete for enrollment
- Provisional enrollment is granted until they are completed within 5 days into school year.

All students are required to have a completed copy of their immunization record from their medical provider on file

Nurse Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



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**COPY OF STUDENT'S BIRTH CERTIFICATE**

*Please attach a copy of the student's birth certificate to this form*

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

Verification for Date of Birth:

Birth Certificate  Baptismal Certificate  Other \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_



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**PROOF OF RESIDENCE**

*Provide copies of at least two different proofs of address of the parent/legal guardian living with student. You may choose two of the following documents.*

Student Name: \_\_\_\_\_

1. LEASE (If you are leasing your residence, please provide a copy of the lease)

Lessee Name: \_\_\_\_\_ Phone \_\_\_\_\_

Landlord, if leased: \_\_\_\_\_ Phone \_\_\_\_\_

Date of lease: \_\_\_\_\_

2. Owner (if you own your residence, please provide a copy of mortgage information)

Name of the owner: \_\_\_\_\_

Mortgage Co: \_\_\_\_\_

Deed Vol/Pg or Mortgage No/Folio No: \_\_\_\_\_

3. Utility Bills

1. Utility: \_\_\_\_\_ Account # \_\_\_\_\_

2. Utility: \_\_\_\_\_ Account # \_\_\_\_\_

4. Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

5. Vehicle Registration Exp. Date: \_\_\_\_\_ Auto Tag#: \_\_\_\_\_

6. Voter Registration Card copy attached:  YES  NO

7. Pay stub copy attached:  YES  NO

8. Letter from employer, county assistance, etc.  YES  NO

9. Local or state tax documents (white-out information not pertaining to the residence)



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**AUTHORIZATION FOR VERIFICATION OF ADDRESS RELEASE OF INFORMATION AGREEMENT**

(Parent or Legal Guardian will print his/her name and address)

I, \_\_\_\_\_, do hereby give the Young Scholars of Western PA Charter School authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

- Internal Revenue Service
- Employer
- Welfare Agency or related Health Service Agencies
- Bureau of Motor Vehicles
- U.S. Postal Service
- Credit Reporting Agencies

Landlord of (previous) address

\_\_\_\_\_

Landlord of current address

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of registering parent or guardian

\_\_\_\_\_  
Street Address and Apt. #

\_\_\_\_\_  
City, State and Zip Code



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**REQUEST FOR RELEASE OF INFORMATION FROM FILES**

To: \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_\_ (student name) registered at  
Young Scholars of Western PA Charter School

We are requesting the release of the following information:

1. Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)
2. Standardized Achievement, Intelligence and Aptitude Test Scores
3. Teacher and Counselor Observations and Ratings
4. Record of Extracurricular Activities
5. Family Background Data
6. Special Education Data (psychological neurological, psychiatric, IEP, NOREP, etc.)
7. Health Background Data
8. Discipline Background Data and Files: (As required by Act 26 of 1995, SC 1317-

Has student been suspended or expelled or is student currently under suspension or expulsion. Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has student ever had an incident involving weapons, violence, drugs or alcohol? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

**PLEASE SEND RECORDS TO Young Scholars of Western PA Charter School at 600 Newport Drive, Pittsburgh, PA 15234**



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**REQUEST FOR DISCIPLINE RECORDS**

24 PS § 13-1305 A under Article XIII-A PUBLIC SCHOOL CODE - SAFE SCHOOLS - Title 24 Education requires the enrolling school to obtain a certified copy of the student's discipline record from the sending school. The sending school has 10 days from receipt of the request to comply. Parent permission is not required.

On \_\_\_\_\_ (date), \_\_\_\_\_ (student name) registered at Young Scholars of Western PA Charter School. We are requesting the discipline records as required by the law mentioned above within 10 days of receipt of this request.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

PLEASE SEND RECORDS TO Young Scholars of Western PA Charter School at 600 Newport Drive, Pittsburgh, PA 15234



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**PARENTAL REGISTRATION STATEMENT**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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 act of 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.

**Please complete the following:**

I hereby swear or affirm that my child was \_\_\_\_was not \_\_\_\_previously suspended or expelled, or is\_\_\_\_ is not \_\_\_\_presently 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 the sheet)

Reason for suspensions/expulsion: \_\_\_\_\_

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.



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**CHARTER SCHOOL STUDENT ENROLLMENT NOTIFICATION FORM**

For School Year 2017 - 2018

**Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.**

Name of Charter School: Young Scholars of Western Pennsylvania Charter School

Address: 600 Newport Drive  
Pittsburgh, Pa 15234

Charter School Contact Person: Kelly Farrell

Telephone: 412-668-2064 Email Address: [info@yswpcs.org](mailto:info@yswpcs.org)

**I. Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

County: \_\_\_\_\_ :

Date of Birth: \_\_\_\_\_

**II. School District of Residence and Former School Information**

School District of Residence: \_\_\_\_\_

Former School Information (Other Than Pre-School):  
\_\_\_\_\_ Public School \_\_\_\_\_ Charter School \_\_\_\_\_ Home School \_\_\_\_\_ Other

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_  
\_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdrawal Date From Former School: \_\_\_\_\_

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





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**III. Parent/Guardian Information:**

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

**Complete Parent/Guardian Name and Address Information As Applicable**

Father's Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**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: \_\_\_\_\_

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form. **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 Statement \_\_\_\_\_ Lease \_\_\_\_\_ Utility Bill \_\_\_\_\_ Other \_\_\_\_\_  
 Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_  
 Grade Student Is Entering: \_\_\_\_\_

**Signature of Charter School Representative:**



**YOUNG SCHOLARS OF WESTERN  
PENNSYLVANIA**  
Charter School

**School Address:**  
600 Newport Dr.,  
Pittsburgh, PA 15234  
**Phone:** 412-668-2064  
**E-mail:** info@yswpcs.org  
**Website:** www.yswpcs.org

## Enrollment Acceptance

### Statement of Educational Equality:

The Young Scholars of Western Pennsylvania Charter School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.

Please accept this signed and completed document to enroll \_\_\_\_\_  
(student's name) in the Young Scholars of Western Pennsylvania Charter School for the 2017-2018  
academic year. I understand that completion of this enrollment form does not guarantee admission  
into the school. YSWPCS will send notification of receipt of enrollment forms.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_