



Renaissance Academy

CHARTER SCHOOL

Building Lifelong Learners

413 Fairview Street, Phoenixville, PA 19460
610-983-4080 www.rak12.org

CHANGE OF ADDRESS

ONE FORM PER STUDENT PLEASE

PLEASE INCLUDE TWO PROOFS OF RESIDENCY:

- LEASE/DEED (PREFERRED)
- ENERGY/WATER BILL/SEWER BILL
- TAX BILL
- DRIVERS LICENSE
- OR AFFIDAVIT /NOTARIZED MULTIPLE OCCUPANCY FORM

STUDENTS INFORMATION:

STUDENTS NAME _____ GRADE _____ HOME BASE TEACHER _____

PARENT/GUARDIAN NAME COMPLETING THIS FORM _____

OFFICIAL DATE OF MOVE TO NEW ADDRESS: _____

FORMER ADDRESS:

STREET: _____ CITY: _____ ZIP: _____

FORMER SCHOOL DISTRICT: _____

FORMER PHONE NUMBERS: H: _____ C: _____

NEW ADDRESS:

STREET: _____ CITY: _____ ZIP: _____

*NEW SCHOOL DISTRICT: _____ REGISTERED WITH NEW DISTRICT ON ___/___/___

NEW PHONE NUMBERS: H: _____ C: _____ E-MAIL ADDRESS _____

- Two -Proofs of residency submitted to RA on this date: _____ (please note list at the top of this form)
- New Charter Enrollment Form
- Emergency Contact Submitted (please attach with Proof of Residency)
- New Custody Agreement Attached (if applicable)
- Registered with the new school district (if applicable)
- Any additional information that may be useful to the school relative to your change of address please list here: _____

SIGNATURE OF PERSON COMPLETING THIS FORM: X _____ DATE: _____

*Transportation cannot be changed until required paperwork is submitted: Two valid PA proofs of residency (Lease/Deed, energy/water/sewer bill, tax bill, affidavit, drivers license), Charter School Enrollment Form, Change of Address Form, and the Emergency Contact Form. Please note that changes in transportation can take 3 to 5 business days once all required paperwork is submitted. Most districts do not allow transportation from split households within or outside the students home district.

OFFICE USE ONLY:

CHANGED IC ON _____ TRANSPORTATION NOTIFIED ON _____ BILLING NOTIFIED ON: _____

AUTHORIZED SCHOOL SIGNATURE: _____ DATE _____

Charter School Student Enrollment Notification Form

For School Year _____

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: Renaissance Academy Charter School

Address: 413 Fairview Street
Phoenixville, PA 19460

Charter School Contact Person: Enrollment Coordinator

Telephone: 610-983-4080 Email Address: enrollment@rak12.org

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Mailing Address (If Different From Home Address) _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

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 _____ Nonpublic School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:
_____ Entering Kindergarten _____ Re-Enrolling Dropout _____ Other _____ *change of address*

Name of Former School: Current School: Renaissance Academy Charter School- (student change of address)

Address of Former School: 413 Fairview Street
Phoenixville, PA 19460

Previous Grade: _____ Withdrawal Date From Former School: N/A

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 _____
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 and signifies my request that appropriate school records be forwarded from the school district to the charter school. **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: _____

****Change of Address-Current Renaissance Academy Charter School Student****



I. Student Information:

Last Name _____ First Name _____ Middle Initial _____

Gender: Male Female Date of Birth: ____ / ____ / ____ Grade: ____ Homeroom Teacher: _____

Siblings at RA? Yes No Grade(s) _____ Primary Phone Number: (____) _____ - _____

Mailing Address _____ City _____ Zip _____

Residence Address (if different) _____

II. Parent Information: Please list information that is not included above

PARENT/GUARDIAN #1

Last Name _____ First Name _____

Relationship to Student _____ Telephone (if different) _____

Work Number _____ Cell Number _____

E-mail _____

Address (if different) _____

PARENT/GUARDIAN #2

Last Name _____ First Name _____

Relationship to Student _____ Telephone (if different) _____

Work Number _____ Cell Number _____

E-mail _____

III. Please list two local people OTHER THAN PARENTS that you would allow to pick up your child should there be a need.

First Emergency Contact: _____ Relationship _____

Cell _____ Home _____ Work _____

Address _____

Second Emergency Contact: _____ Relationship _____

Cell _____ Home _____ Work _____

Address _____

IV. Parent/Guardian Signature:

X

Signature _____

Date _____