

Charter School Student Enrollment Notification Form

For School Year 2025-2026

Name of Charter School: Center for Student Learning Charter School at Pennsbury

Address: 345 Lakeside Drive
Levittown, PA 19054

Charter School Contact Person: Cindy Rogers, Business Office

Telephone: 215-269-7390 ext. 17 Email: crogers@cslcharter.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 _____

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

III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents _____ Mother _____ Father _____
Legal _____ Alternately _____ Only _____ Only _____
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.

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

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
Proof of _____ Mortgage _____ Utility _____
Residency _____ Statement _____ Lease _____ Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School
Representative: _____