

Enrollment Forms Packet (EFP)

Please review the information below. Based on your student(s) grade and applicable circumstances, you are required to submit documentation in order to complete this step in the enrollment process. You can fax, scan and email, or mail the required paperwork .

Important Note: Please send copies, do not mail the original documents

Fax (preferred):	Scan and Email:	Mail:
1-866-529-0166	agorafax@k12.com	Agora Cyber Charter School 2300 Corporate Park Drive Suite 200 Herndon, VA 20171

Required For?	Item	Description	Provided by?
Required for all Students	Proof of Age	Official Birth Certificate (not the hospital issued certificate)	Provided by you
	Proof of Residency	Please submit one of the following: Current Utility Bill (gas, water, electric, sewage, cable or land line phone) with service address OR Valid Pennsylvania Driver's License OR Department of Transportation ID OR Mortgage statement/ Current Lease with signature OR Valid Vehicle Registration OR Property tax bill OR Deed	Provided by you
	Immunization Record	Current Immunization Record OR Immunization Exemption Form	Provided by you
	Charter School Student Enrollment Notification Form	By filling out this form, you have indicated your decision for your child to attend Agora and that your child will not be enrolled in another school while attending Agora.	Provided in this packet
	Notification of Offense Form	Please note that you should only write an "X" in one of the blanks to indicate if your student <i>was/is</i> or <i>was/is</i> not expelled or suspended. Only fill out the boxed section if it applies to your student. The form must be signed and submitted for all students.	Provided in this packet
	Home Language Survey	Please read the directions for this form to ensure you answer the questions correctly	Provided in this packet
	Face-to-Face Enrollment Information Session Acknowledgement of Attendance	This form serves as confirmation the parent or guardian attended the Face to Face Enrollment Session.	Provided during Orientation Session
	Release of Records	By filling out this form, you are giving our school permission to request your student's official records from their previous school after the approval process. If your child is enrolling in Kindergarten or was Homeschooled please indicate it on the form, fill out the top portion and sign it.	Provided in this packet
Required for all 1st -9th Grade Students	Report Card	Please submit your student's most recent report card.	Provided by you
Required for all 10 -12th Grade Students	Unofficial Transcripts	You will need to request an unofficial transcript from your student's current school, which will show your student's academic standing. This is required in order to place all 10th - 12th graders. Once your student is approved, we will receive the official transcript directly from the school.	Provided by you
Required for Prior Home School Students	Affidavit, Educational Objectives and Evaluation	This is the form that you would have filed with the district registering your child as a home schooled student.	Provided by you
Required for student with an IEP or other Special Education needs	IEP	A copy of your student's current IEP (Individualized Education Plan). Because the IEP expires yearly, please submit the current IEP.	Provided by you
	Evaluation Report	The Evaluation Report is valid for 3 years. If you do not have a copy of your student's ER, you can request a copy from your student's current school.	Provided by you
Required for students that have a 504 plan	504 Accommodation Plan	A copy of your student's current 504 Accommodation Plan. Because the 504 expires yearly, please submit the current 504.	Provided by you

Charter School Student Enrollment Notification Form

For School Year 12-13

Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school, but is permitted to complete an application for enrollment while enrolled in other school.

Name of Charter School: Agora Charter Cyber School

Address: 995 Old Eagle School Road Suite 315
Wayne, PA 19087

Charter School Contact Person: Business Office

Telephone: 877-362-4672 Email Address: enrollment@agora.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 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: _____



**NOTIFICATION OF OFFENSE INVOLVING WEAPONS, ALCOHOL OR DRUGS,
INFLICTION OF INJURY TO ANOTHER PERSON, OR ANY ACT OF VIOLENCE,
COMMITTED ON SCHOOL PROPERTY**

Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Alternate Phone _____

Agora Virtual Charter School is committed to comply with the Safe Schools Act to ensure the safety and well-being of our students. According to Pennsylvania Act 26 of 1995, "Prior to admission to any school entity, the parent, guardian, or other persons 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 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 any act of violence committed on school property. The registration shall include the name of the school from which the student was expelled or suspended for the above-listed reasons with the dates of expulsion or suspension and shall be maintained as part of the student's disciplinary record." In addition, under Act 26 of 1995, "any willful false statement made under this section shall be a misdemeanor of the third degree."

Please check the appropriate box below and sign: (if you indicate "Yes" please complete the remainder of this form and sign)

I hereby swear or affirm that

YES, My child has been previously suspended or expelled OR currently is 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.

NO, My child has not been previously suspended or expelled OR currently is 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.

**** Please complete if your child has been or is presently suspended or expelled from another school****

My child was suspended expelled from the following school:

Name of the school: _____ Telephone: _____

School Address: _____

Suspension/ Expulsion Start Date: _____ (MM/DD/YYYY)

Suspension/ Expulsion End Date: _____ (MM/DD/YYYY)

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion. (Please check all that apply)

- Offense involving weapons
- Offense involving alcohol
- Offense involving drugs
- Willful infliction of injury to another person
- An act of violence committed on school property
- Other Additional comments:

(Parent or Guardian Signature)

(Date)

Student's Name:

Student's Home Phone:

Thank you for completing the following information on the Home Language Survey. This is information the Pennsylvania Department of Education requires be collected by all educational entities during initial enrollment.

The first three questions relate to your child's first language. Please do not include languages learned in school. As part of the enrollment process, this information will assist us in identifying any supports that your child may need.

Question four asks if your child has attended school in the United States for any three years. These years do not have to be consecutive. Please complete the name of school, state and dates attended for the most current schools your child has attended in the United States. These include preschool, private schools and home schooling.

If someone other than the parent completed the form please note where it indicates. Please leave blank otherwise.

The form is completed by the parent/guardian signing where indicated.

We thank you in advance for taking the time to complete this form.

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS 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.

School District:

Date:

School:

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

If yes, specify the language(s): _____

3. What language(s) is/are spoken in your home? _____

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

Yes No

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian signature: _____ **Date:** _____

*The school district/charter school/full day AVTS 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/full day AVTS 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/full day AVTS 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/full day AVTS in the future.



Agora Cyber Charter School
Enrollment Processing Center
2300 Corporate Park Drive
Suite 200
Herndon, VA 20171

Ph. 1.866.548.9451
Fx. 1.866.529.0166
www.k12.com/agora

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: _____

Homeschooled or Never Previously Enrolled in School (Fill out only if applicable)

Check below if applicable:

- Student was always previously homeschooled
- Student is enrolling in Kindergarten

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: _____

Sign and Date below

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Agora Cyber Charter School
995 Old Eagle School Road
Suite 315
Wayne, PA 19087

Student's Name:

Student's Home Phone:



Acknowledgment of Legal Guardianship

Student Name: _____

Date of Birth _____

I understand that false statements herein are made subject to the penalties of the crimes code, chapter 49, subchapter A, sections 4901 to 4904, relating to perjury and falsification in official matters.

Please complete **ONE** of the following:

- 1. I (We) am the NATURAL parent(s) of the named student. I (We) retain custodial rights to enroll the student in the Agora Cyber Charter School.**

Mother Name _____

Signature _____ **Date** _____

Father Name _____

Signature _____ **Date** _____

- 2. I am the court appointed guardian, adoptive parent or foster parent of the named student. I will provide the appropriate documentation to enroll the student in the Agora Cyber Charter School.**

- Court Ordered Custody Agreement
- Adoption Decree
- Verification of Foster Care Placement (such as a letter from the appropriate agency)
- Other Appropriate Legal Documentation

Name _____

Signature _____ **Date** _____

Relationship to student _____

- 3. I am the primary care giver of the name student. I will provide the appropriate documentation to enroll the student in the Agora Cyber Charter School.**

- If you are not the legal guardian of the named student but are supporting the student gratis, (without personal compensation or gain), will assume all personal obligations for the student relative to school requirements and intend to keep and support the student continuously and not merely through the school term, you are required to submit the **Agora Cyber Charter School Sworn and Notarized Statement**. Please request this form by contacting 1-866-548-9452.

Care GiverName _____

Signature _____ **Date** _____

Relationship to student _____

Student's Name:

Student's Home Phone: