

## Enrollment Forms Packet

### Part 1: (Items you will need to supply)

The following items are required at this time. Although Agora will send a request of records to your child's previous school, your child's permanent records will not be requested until after the start of school. Failure to submit the following documents in a timely manner will affect your child's enrollment with Agora.

Before you send in your enrollment packet, please be sure you have completed and included copies (do not include originals) of the following:

- Proof of age (copy of Birth Certificate or Passport)
- Current proof of residency provided by legal guardian:

List A One of the following:	List B Two of the following:
Driver's License	Current Lease
Current Utility bill (gas, water, electric, sewage, cable or land line phone)	Vehicle registration
Department of Transportation ID	Property tax bill
Current mortgage statement	Deed
	Current Credit Card bill
	Current residency card IF accompanied with driver's license or non driver's id indicating former address.

- Copy of your child's Immunization(shot) Record
- Copy of your child's most recent report card (grade 1- 9) - NOTE: Students enrolling in Kindergarten are not required to submit academic records unless the student received prior schooling. Home schooled students, less than 8 years of age, may not be required to submit academic records if a home school affidavit was not provided to the local school district.
- Copy of your child's Transcript. An unofficial transcript is acceptable for course placement (grade 10-12).
- Copy of your child's special education records, if applicable.\*
  - Individual Education Plan(IEP) and Evaluation Report /Re-Evaluation Report
  - 504 Accommodation Service Plan

### Part 2: (The pages supplied in this packet, please ensure all information is accurate and parent/legal guardian signature is provided.)

- Charter School Student Enrollment Notification Form
- Notification of Offense Form - This form is required to transfer your student's previous school records.
- Release of Student Records - This form is required to transfer your student's previous school records, your student's permanent records will not be requested until after the start of school. NOTE: This form is not applicable for students entering Kindergarten and without prior schooling or home schooled students less than 8 years of age..
- Physician's Health Form - NOTE: Due within 30 days of your child's school start date. Note: This is NOT an immunization record.
- Health Form: Dental - NOTE: Due within 30 days of your child's school start date.
- Home Language Survey

Fax or mail the required documents listed in both parts 1 and 2 to Agora. The fax number for Agora is 1-866-529-0166. If you are unable to fax, please mail the documents to:

Agora Cyber Charter School  
60 Chestnut Ave  
Devon, PA 19333

# Charter School Student Enrollment Notification Form

For School Year 09-10

**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: 60 Chestnut Avenue  
Devon, PA 19333

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

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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 \_\_\_\_\_

Special Custodial Court Instructions:  
(If Yes, Please Provide a Copy of Court Order.) \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

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### 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: \_\_\_\_\_

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

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



Agora Cyber Charter School  
 Enrollment Processing Center  
 60 Chestnut Ave  
 Devon, PA 19333  
 Ph. 1.866.548.9455  
 Fx. 1.866.529.0166  
 www.agora.org

## Notification of Offense Form

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### 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: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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 be advised that Pennsylvania Act 26 of 1995 also requires all public and private schools to transfer a student's discipline record and to maintain a cumulative disciplinary record.

Thank you for your cooperation.

Student's Name:	Student's Home Phone:	4
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Please choose one of the following options and sign:

1. I, \_\_\_\_\_, affirm that my student, \_\_\_\_\_, was NOT 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.

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

Or

2. I, \_\_\_\_\_, affirm that my student, \_\_\_\_\_, 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. My student was suspended or expelled from the following school(s):

My student was (check one of the following)  suspended or  expelled from the following school(s):

School Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Expulsion/Suspension Start Date \_\_\_\_\_

Expulsion/Suspension End Date \_\_\_\_\_

My student was suspended or expelled for the following reason(s):  
(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 (please note below)

Additional comments: \_\_\_\_\_

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



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## 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/immunization, and discipline/expulsion records).

### Student Information

Student's Full Name: \_\_\_\_\_  
first middle last

Student's Date of Birth: \_\_\_\_\_ Student's Social Security Number: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_  
street apt #

\_\_\_\_\_ city county state zip

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

### Prior School Information

Name of Prior School: \_\_\_\_\_

School's Address: \_\_\_\_\_  
street

\_\_\_\_\_ city county state zip

School's Phone: (\_\_\_\_) \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_  
first last

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

#### SCHOOL OFFICIALS ONLY:

Send student records to: Agora Cyber Charter School  
60 Chestnut Ave  
Devon, PA 19333

Student's Name: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_



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# Health Form: Medical

## Private Physician's Report of Physical Examination of a Pupil of School Age

Name of Student:	last	middle	first	Date:	month/day/year		
Name of School:	Agora Cyber Charter School		Age:	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Grade:
Student's Address:	no. and street	city or post office	borough or township	county	state	zip code	

### Medical History

#### Tuberculin Tests

Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-up of significant tuberculin tests:

- Parent/Guardian notified of significant findings on: \_\_\_\_\_ Date \_\_\_\_\_
- Result of diagnostic studies: \_\_\_\_\_ Date \_\_\_\_\_
- Preventative antituberculosis—chemotherapy ordered.  Yes  No \_\_\_\_\_ Date \_\_\_\_\_

#### Significant Medical Conditions

- Allergies .....  Yes  No *If Yes, explain:* \_\_\_\_\_
- Asthma .....  Yes  No \_\_\_\_\_
- Cardiac .....  Yes  No \_\_\_\_\_
- Chemical dependency .....  Yes  No \_\_\_\_\_
- Drugs .....  Yes  No \_\_\_\_\_
- Alcohol.....  Yes  No \_\_\_\_\_
- Diabetes mellitus .....  Yes  No \_\_\_\_\_
- Gastrointestinal disorder .....  Yes  No \_\_\_\_\_
- Hearing disorder .....  Yes  No \_\_\_\_\_
- Hypertension .....  Yes  No \_\_\_\_\_
- Neuromuscular disorder.....  Yes  No \_\_\_\_\_
- Orthopedic condition .....  Yes  No \_\_\_\_\_
- Respiratory illness.....  Yes  No \_\_\_\_\_
- Seizure disorder.....  Yes  No \_\_\_\_\_
- Skin disorder.....  Yes  No \_\_\_\_\_
- Vision disorder.....  Yes  No \_\_\_\_\_
- Other (specify) .....  Yes  No \_\_\_\_\_
- Surgery.....  Yes  No \_\_\_\_\_

Student's Name:	Student's Home Phone:	7
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**Report of Physical Examination**

	Normal	Abnormal	If Abnormal, explain:
Height (inches)			
Weight (pounds)			
Pulse ( )			
Blood Pressure /			
Hair/Scalp			
Skin			
Eyes – Visual acuity R ___/___ L ___/___			
Eyes – Color vision			
Ears – Hearing dB R L			
Nose and throat			
Teeth and gingiva			
Lymph glands			
Heart – Murmur, etc.			
Lung – Adventitious findings			
Abdomen			
Genitalia			
Neuromuscular system			
Extremities			
Spine (presence of scoliosis)			

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Print Name of Examiner

\_\_\_\_\_  
Address



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# Health Form: Dental

## Private Dentist's Report of Dental Examination of a Pupil of School Age

Name of Student:	last	middle	first	Date:	month/day/year		
Name of School:	Agora Cyber Charter School		Age:	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Grade:
Student's Address:	no. and street	city or post office	borough or township	county	state	zip code	

### Report of Examination

		Right								Left								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	Upper																	Upper
	Lower																	Lower

Is the student under treatment?  Yes  No

Is the treatment completed?  Yes  No

\_\_\_\_\_  
 Date of Examination

\_\_\_\_\_  
 Signature of Examiner

\_\_\_\_\_  
 Print Name of Examiner

\_\_\_\_\_  
 Address

Student's Name:	Student's Home Phone:	9
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**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.**

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### **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:**  
**School:**

**Date:**

**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.