

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

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: _____



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

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: _____

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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Fx. 1.866.529.0166
www.agora.org

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:



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

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.

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:

*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.