



5501 Steubenville Pike • McKees Rocks, PA 15136

## Charter School Student Change of Address Notification Form for School Year 2017-2018

Contact Person: Diana Aschner, Enrollment Assistant  
Phone: 412-325-7305 Ext. 1440 • Fax: 412-525-7962 • [dianaaschner@propelschools.org](mailto:dianaaschner@propelschools.org)

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Race:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White or Caucasian Hispanic?  Yes  No

### School District of Residence and School Information

School District of Residence: \_\_\_\_\_

Current School: PROPEL MONTOUR HIGH SCHOOL

Address of Current School: 5501 Steubenville Pike • McKees Rocks, PA 15136

Current Grade: \_\_\_\_\_

Is your child receiving special education services through an IEP?  Yes  No

Is your child receiving classroom accommodations through a 504/Chapter 15 Service Agreement?  Yes  No

If Yes, do you have the child's special education records (IEP/504)?  Yes  No

### 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:  Yes  No *(If Yes, Please Provided a Copy of Court Order)*

Complete Parent/Guardian Name and Address Information as Applicable

Name 1: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_ Legal Guardian:  Yes  No

Name 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_ Legal Guardian:  Yes  No

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 will be forwarded from the school district to the charter school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By Charter School**

Verification of Date of Birth: \_\_\_\_\_  Birth Certificate  Other \_\_\_\_\_

Proof of Residency:  Driver's License/PA I.D. # \_\_\_\_\_

Lease  Utility Bill  Car Registration/Insurance

Other: \_\_\_\_\_

Official Enrollment Date: \_\_\_\_\_ Anticipated Date of Attendance: \_\_\_\_\_

Grade Student is Entering: \_\_\_\_\_

Signature of Charter's School Representative: \_\_\_\_\_