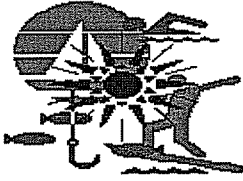


School Year: 2010-2011



Maritime Academy Charter High School

2275 Bridge Street – Bldg. 107, Philadelphia, PA. 19137

215- 535-4555

Fax 215-535-4398

ENROLLMENT FORM – NEW STUDENT

(please print)

Name of Student: _____ Last _____ First _____ Middle Initial _____ DOB: _____

Race: _____ Gender: _____ Entering Grade: _____
(Black, White, Hispanic, American Indian, Asian) (M/F)

Philadelphia School District ID Number #: _____

(The School District of Philadelphia assigns an Identification Number to all children in all programs, Head Start, Even Start, etc. Your child may have a number that was assigned years ago. If you can find that number on a report card or other document, it saves time as we register your child. Thank you.)

Address: _____
(House Number) (Street) (Apt. No.)

City _____ State _____ Zip _____ Phone: _____

Name and Address of Present School: _____

School Phone: _____ Present Grade: _____

*Was child ever in a Special Education Program? yes no (If yes) Do you have an IEP? _____ Date _____

*Was child ever in a Mentally Gifted Program? yes no (If yes) Month _____ Year _____

*Are there special custodial court instructions: Yes _____ (provide copy of court order) No _____

Names and Ages of Other Children in the Family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Parent(s) or Guardian(s):

Name of Mother/Guardian _____ Business Phone: _____

Name of Employer: _____ Occupation: _____

Name of Father/Guardian _____ Business Phone: _____

Name of Employer: _____ Occupation: _____

*As a volunteer, what services would you provide? _____

*What is your child's greatest academic strengths? Weaknesses? _____

***Parents/Guardian: To assist us with placement, please provide a copy of your child's:**

- | | |
|--|------------------------------------|
| (1) Last report card | (4) Proof of residence |
| (2) TerraNova test score (or PSSA standardized test) | (5) State issued birth certificate |
| (3) Immunization record | |

****All documents must be received prior to acceptance to Maritime Academy Charter School.****

****HOME LANGUAGE SURVEY****

Please answer the following questions:

1. What was the first language the student learned? _____
2. What language does the student speak most often? _____
3. What language is most often spoken in the home? _____

****Maritime Academy Charter High School is subject to a fine if this information is not in the student's file.**

.....
I wish to enroll my child in Maritime Academy Charter High School for
the _____ school year.
.....

TO BE COMPLETED BY MARITIME ACADEMY CHARTER SCHOOL:

Verification of Date of Birth:

Birth Certificate _____ Other _____

Proof of Residence:

Mortgage Statement _____ Lease _____ Utility Bill _____

Immunization Record: _____

Student Health Status: _____

Doctor's Physical Received: _____

Evidence of Enrollment Signed: _____

Parent Compact Signed: _____

Emergency Information: _____

Report Card/Transcript received: _____