



Renaissance Academy
CHARTER SCHOOL

Building Lifelong Learners

413 Fairview Street, Phoenixville, PA 19460
610-983-4080 www.rak12.org

CHANGE OF ADDRESS

PLEASE COMPLETE THE ENTIRE PACKET FOR EACH STUDENT
PLEASE INCLUDE TWO PROOFS OF RESIDENCY (SEE BELOW)

STUDENT INFORMATION:

Student Name: _____ Grade: _____ Homebase Teacher: _____
Name of Parent/Guardian completing this form: _____
Official date of move to new address: _____

FORMER ADDRESS:

Street Address: _____ City: _____, PA Zip: _____
Former School District: _____
Former Phone Number(s): _____

NEW ADDRESS:

Street Address: _____ City: _____, PA Zip: _____
New School District: _____ Registered with new district on: _____
New phone number(s)/email address: _____

- Two proofs of residency submitted to RA on this date: _____ ✓ ✓
 - Deed/current lease/recent mortgage statement/multiple occupancy or residency affidavit (notarized if required) & one of the following (all items must be current):
 - PA vehicle registration, property tax bill, utility bill (trash/water/sewer/electric), PA Drivers' License or PA state-issued ID
- New Charter Enrollment Forms (see next two pages)
- Emergency Contact Form (see final page)
- Registered with new school district (if applicable)
- Custody agreement (if applicable) ✓
- Any additional information that may be useful to the school relative to your change of address please list here: _____

Signature of Parent/Guardian: _____ Date: _____

*Transportation cannot be changed until required paperwork is submitted: TWO valid PA proofs of residency (Lease/Deed, energy/water/sewer bill, tax bill, affidavit, drivers license/ID), Charter School Enrollment Form, Change of Address Form, and the Emergency Contact Form. Please note that changes in transportation can take up to five business days once all required paperwork is submitted. Most districts do not allow transportation from split households in different school districts, especially without a 50/50 custody agreement.



Charter School Student Enrollment Notification Form

For School Year: _____

Warning: A child enrolled in another public school, or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Name of Charter School: Renaissance Academy Charter School

Address: 413 Fairview Street, Phoenixville PA 19460

Charter School Contact Person: Enrollment Coordinator

Telephone: 610-983-4080, x7501 Email: enrollment@rak12.org

Student Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

Mailing Address (if different from home address): _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

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/Private 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

Parent/Guardian Information

Child Lives with: Both Parents Both Parents Alternately Parent #1 Only Parent #2 Only
 Legal Guardian Foster Parents Other Adult

Special Custodial Court Instructions: Yes No
(If Yes, please provide a copy of the court order)

Complete Parent/Guardian Name and Address Information as Applicable:

Parent #1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email Address: _____

Parent #2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email Address: _____

If the student is not living with parents, please complete this section:

Guardian Foster Parent Other Adult

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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**

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 **Date**



STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____
Gender at birth: M / F DOB: _____ Grade: _____ Homebase teacher: _____
Siblings at RA? Y / N Grade(s): _____ Primary Phone Number: _____
Residence Address: _____ City: _____, PA Zip: _____
Mailing Address (if different): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1:

Last Name: _____ First Name: _____
Relationship to student: _____ Phone number: _____
Secondary phone number: _____ Email Address: _____
Address (if different than student): _____

Parent/Guardian #2:

Last Name: _____ First Name: _____
Relationship to student: _____ Phone number: _____
Secondary phone number: _____ Email Address: _____
Address (if different than student): _____

EMERGENCY CONTACTS: Please list two local people OTHER THAN PARENTS that you would allow to pick up your child should there be a need.

Emergency Contact #1 Name: _____ **Relationship to student:** _____
Primary phone number: _____ **Secondary phone number:** _____
Emergency Contact #2 Name: _____ **Relationship to student:** _____
Primary phone number: _____ **Secondary phone number:** _____

Parent/Guardian Signature: _____ **Date:** _____