



2012-2013 Student Application Form

Principal/CEO: Mr. Jon McCann • **address:** 829 Milton Street, Pittsburgh, PA 15218 • **phone:** 412.247.7970 • **fax:** 412.247.7971
web: www.environmentalcharterschool.org

I. STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____

Date Of Birth: _____ Age: _____

Mailing Address (If Different From Home Address) _____

City: _____ State: _____ Zip Code: _____ Country: _____

Gender: Male Female Race: American Indian/Alaskan Native Black/African American Hispanic Asian
 Caucasian/Non Hispanic Multi-Racial Native Hawaiian/Pacific Islander

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 Non-public School

Name of Former School: _____

Address of Former School: _____

Entering Grade: K 1 2 3 4 5 6 7

Was Your Child Receiving Special Education Services Based On An IEP/GIEP? Yes No

If Yes, Do You Have The Child's Special Education Records (IEP/GIEP)? Yes No

PLEASE COMPLETE IN BLACK INK

(continued on back)

How did you hear about ECS?

Newspaper Internet Advertisement Daycare/Childcare Provider Friend/Family Word-of-Mouth
 Other (Please Explain) _____

We strongly encourage families to tour the school to see if ECS best suits the needs of your child. School tours are conducted on Fridays, November through March, during school hours by appointment.



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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

Complete Parent/Guardian Name and Address Information As Applicable

Father's Name

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ E-mail: _____

Mother's Name

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ E-mail: _____

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 non-public school or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: _____ Date: _____

Please bring verification of birth and proof of residency to the school office together with this completed application form.

TO BE COMPLETED BY CHARTER SCHOOL

Verification of Date of Birth: Birth Certificate Other Health Documentation Requirements

Proof of Residency: Mortgage Statement Lease Utility Bill Other

Official Enrollment Date: _____ Anticipated Date of Acceptance: _____ Grade Student is Entering: _____

Signature of Charter School Representative: _____