



# CRISPUS ATTUCKS CHARTER SCHOOL

ESTABLISHED 1999

*"Preparing Students to be Mentally Tough"*

JACQUELINE MARTINO-MILLER, CEO

A YOUTHBUILD USA AFFILIATE

605 South Duke Street • York PA 17401-3111 • P 717-848-3610 • F 717-699-2453 • [www.crispusattucks.org](http://www.crispusattucks.org)

**Student Application Form 2020-21** (completed form may also be faxed or emailed)

Contact Person: Ms. Feliciano/ Ext. 250      email: [cfeliciano@crispusattucks.org](mailto:cfeliciano@crispusattucks.org)

## I. Student Information:

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

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

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Level: \_\_\_\_\_

Crispus Attucks Charter School encourages children and youth who are homeless to enroll in school. We will make reasonable efforts to identify homeless children within the school and eliminate existing barriers to their attendance and education, in compliance with federal and state law and regulations. If you are homeless or know of a child or youth who is homeless and not attending school, please contact the assistant CEO.

## II. School District of Residence:

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

## III. Parent/Guardian Information:

Relation to Student: \_\_\_\_\_

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

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

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My signature on this form indicates the information is accurate.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Charter School Use:** Date received: \_\_\_\_\_ Rec'd by: \_\_\_\_\_