



Charter School Student Residency Notification Form

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

Agora Student ID# _____ **New Residence Effective:** _____

Name of Charter School:  **Agora Cyber Charter School**

Address: **1018 W 8th Avenue, King of Prussia PA 19406**

Charter School Contact Person: **Child Accounting/Address Change Department**

Telephone: **610.230.2484**

Email: **addresschange@agora.org**

Student Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: **PA** Zip: _____

County: _____ Telephone: _____

Mailing Address (if different from home address): _____

City: _____ State: **PA** Zip: _____

Date of Birth: _____ Age: _____

School District of Residence and Former School Information

School District of Residence: _____

Current School Information:

☒ Charter School

Name of Current School **Agora Cyber Charter School**

Address of Current School: **1018 W 8th Ave, King of Prussia PA 19406**

Current Grade: _____

Was your Child receiving Special Education Services Based on an IEP? Y N

If yes, do you have the Child's Special Education Records (IEP)? Y N

Parent/Guardian Information

Child Lives with: ☐ Both Parents ☐ Both Parents Alternately ☐ Parent #1 Only ☐ Parent #2 Only
☐ Legal Guardian ☐ Foster Parents ☐ Other Adult (Including Self-Enrolled Student)

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

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 (Including Self-Enrolled Student)

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.***

Form must be signed by hand

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