

# RESIDENCE VERIFICATION FORM

For School Year: \_\_\_\_\_

**Warning: A child cannot attend a Cyber Charter School while enrolled in any other public or private school at the same time**

Name of Charter School: **Agora Cyber Charter School**  
 Address: **1018 W 8th Ave, King of Prussia PA 19406**  
 Charter School Contact Person: **Child Accounting Department**  
 Telephone: **844.462.4672** Email: Are you enrolling a child? **agoradocs@agora.org**  
 Question about a student? **childaccounting@agora.org**



## Student Information

Is your child receiving Special Education Services based on an IEP? Yes  No

\_\_\_\_\_  
 Last Name First Name MI Date of Birth Age

## Current Residence Information

\_\_\_\_\_  
 Current School District of Residence

\_\_\_\_\_  
 Home Address (where the student will reside at least 180 nights per year) Apt/FI/Bldg City **PA** Zip

\_\_\_\_\_  
 County Primary Telephone  Landline  Mobile  Work Primary Contact's First Name

Please select one:  
 \_\_\_\_\_

\_\_\_\_\_  
 Address for US Postal Service Deliveries Apt/FI/Bldg City **PA** Zip

\_\_\_\_\_  
 Address for UPS, Fed-Ex, DHL, Amazon Apt/FI/Bldg City **PA** Zip

## Previous Residence Information

\_\_\_\_\_  
 Previous School District of Residence

\_\_\_\_\_  
 Street Address of Previous Residence Address 2

\_\_\_\_\_  
 City of Previous Address Zip Code Last evening spent at this residence

## Parent/Guardian Information

Child lives with:

<input type="radio"/> Both Parents	<input type="radio"/> Both Parents Alternately	<input type="radio"/> Parent #1 only	<input type="radio"/> (Court-Appointed) Legal Guardian	<input type="radio"/> Foster Parent(s)	<input type="radio"/> Other Adult (includes self-enrolled Student) <b>(Not Court-Appointed)</b>
					Relation to student

### Complete Parent/Guardian Name and Address Information as applicable:

#### PARENT 1:

First & Last Name	Email Address:
Primary Telephone:	Address: <span style="float: right; border-bottom: 1px solid black;">Apt/FI/Bldg</span>
City:	State: <span style="float: right; border-bottom: 1px solid black;">Zip:</span>

#### PARENT 2:

First & Last Name	Email Address:
Primary Telephone:	Address: <span style="float: right; border-bottom: 1px solid black;">Apt/FI/Bldg</span>
City:	State: <span style="float: right; border-bottom: 1px solid black;">Zip:</span>

### If the student is **not** living with either parent, please complete this section:

<input type="radio"/> Legal Guardian	<input type="radio"/> Foster Parent(s)	<input type="radio"/> Other Adult
(including self-enrolled students)		
First & Last Name	Email Address:	
Primary Telephone:	Address: <span style="float: right; border-bottom: 1px solid black;">Apt/FI/Bldg</span>	<b>PA</b>
City:	State: <span style="float: right; border-bottom: 1px solid black;">Zip:</span>	

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.**

Relationship to Student	Signature	Date Signed
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### Agora Cyber Charter School Use only

**Verification of Date of Birth:**

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Proof of Age Affidavit
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Previous School Record	<input type="checkbox"/> Other: _____

**Proof of Residency:**

<input type="checkbox"/> Lease	<input type="checkbox"/> Mortgage Statement(s)	<input type="checkbox"/> PA Driver's License or Identification	<input type="checkbox"/> Multiple Occupancy Affidavit
<input type="checkbox"/> Utility Bill(s)	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Residential Sworn Statement

Official Agora Enrollment Date _____	First Date Attended _____
Last Date at previous residence _____	First Date at new residence _____
Current Grade _____	
Signature of Charter School Representative _____	Date Processed _____