

**CHARTER SCHOOL STUDENT ENROLLMENT NOTIFICATION FORM**  
**For School Year 2022-2023**

The Lehigh Valley Charter High School for the Arts, Inc.  
321 East 3<sup>rd</sup> Street, Bethlehem, PA 18015  
Telephone: (610) 868-2971 Fax: (610) 868-1446  
Carise Comstock, Ed.D – Superintendent & CEO

---

**I. Student Information:**

Relocation Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different from Home Address): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Major:     Dance                       Instrumental Music     Literary Art                       Production Art  
              Theatre                       Visual Art                       Vocal Music

**II. School District of Residence and Former School Information:**

**Current School District of Residence:** \_\_\_\_\_

**Former School Information:**

Public School     Nonpublic School     Charter School     Home School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:

\_\_\_\_\_

Re-enrolling Dropout     Other: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

Address of Former School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Withdrawal Date from Former School: \_\_\_\_\_

**Is your child receiving special services?**     No     Yes (check one):

IEP (records provided)

GIEP

Chapter 15/504 Plan

**III. Parent/Guardian Information:**

Special custodial court instructions:  No  Yes (court order provided)

**Child Lives With:**

A.  Both Parents  Both Parents Alternately  Father Only  Mother Only

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

B.  Foster Parent  Legal Guardian  Other Adult: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

*My signature on this form indicates my decision to have my child attend The Lehigh Valley Charter High School for the Arts, Inc. and signifies my request that appropriate school records be forwarded from the school district to the or charter school. My signature also certifies that my child is not, and will not be, enrolled in another public, nonpublic, or charter school at the same time he or she is enrolled in this charter school.*

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

**IV. Verification:**

Verification of date of birth:  Birth Certificate  Other: \_\_\_\_\_

Proof of residency:  Mortgage Statement  Lease  Utility Bill

Official Enrollment Date: \_\_\_\_\_ Date of First Attendance: \_\_\_\_\_

Grade Student is Entering: \_\_\_\_\_

**Signature of Charter School Representative:** \_\_\_\_\_