



# Laboratory Charter School

## 2024-2025

Dear Parent/Guardian:

Welcome to The Laboratory Charter School !

Your child's application has been selected in our lottery for enrollment.

To complete the enrollment process, you are **required** to complete/submit the five documents below.

1. Proof of Child's Age (acceptable examples provided on page 3 and [here](#) )
2. Proof of Residency (acceptable examples provided on page 3 and [here](#))
3. Copy of child's updated Immunization Record
4. Completed and signed Parent Registration Statement (must be [included](#) with this letter)
5. Completed and signed Home Language Survey (must be [included](#) with this letter)

To assist with our planning and support our ability to connect your child to appropriate supports, we are **requesting** that you complete and submit the below documents. Please be advised that these documents are not required to begin enrolling your child at our school.

Some examples of materials that can be requested (Charter Enrollment Notification Form, photo release form, internet use form, academic records, attendance records etc.)

Materials can be submitted through one of the following methods:

1. In-person to the main office from 10AM -2:00PM at 926 West Sedgley Ave. Philadelphia, PA 19140 with all required documents.
2. Via email to [enrollment@labcharter.com](mailto:enrollment@labcharter.com)
3. Via fax to 267-817-3340

Once we receive the above documentation by the enrollment deadline, students are considered enrolled for the 2024-2025 school year.

If you have any questions or need any assistance with the completion of these documents, please feel free to contact the school at (267) 817-4720 and we will be happy to assist.

Sincerely,

Ms. Johnson, Director of Enrollment

[enrollment@labcharter.com](mailto:enrollment@labcharter.com)

(267) 817-4720 Ext. 1157

Parental Registration Statement



# The Laboratory Charter School of Communication and Languages

Student Name:  
Date of Birth:  
Grade:  
Parent or Guardian Name:  
Address:  
Telephone Number:

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property, including conviction or delinquent adjudication related to sexual assault.”

Please complete the following:

I hereby swear or affirm that my child was \_\_\_was not \_\_\_previously suspended or expelled, or is \_\_\_is not \_\_\_presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property including conviction or delinquent adjudication related to sexual assault. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion:

\_\_\_\_\_  
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_ (Signature of Parent or Guardian) \_\_\_\_\_ (Date)

Any willful false statement made above shall be a misdemeanor of the third degree.

## Laboratory Charter School HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Home Work

1. Child's date of birth: \_\_\_\_\_ (Month/Date/Year) Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_  
 If no, date child entered the United States: \_\_\_\_\_ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What is the language most frequently spoken at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_  
 \_\_\_\_\_

5. Please check if your child is:  
 A.  Native American Indian C.  Native Pacific Islander  
 B.  Alaska Native D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 6 above, please answer the following questions:**

7. In what country did your child most recently reside? \_\_\_\_\_
8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
9. What language does your child most frequently speak at home? \_\_\_\_\_
10. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_
11. Please describe the language understood by your child. (Check only one)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

Parent or Guardian's Signature: \_\_\_\_\_

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

**PROOF OF CHILD'S AGE AND RESIDENCY (from the [BEC](#))**

**ACCEPTABLE PROOF OF AGE DOCUMENTS:**

Child's original birth certificate	Notarized copy of the child's birth certificate
Child's valid passport	Prior school records indicating the date of birth
Original Baptismal certificate indicating the child's date of birth	Copy of the record of baptism - notarized or duly certified showing the date of birth
A notarized statement from the parents or another relative indicating the child's date of birth	

**ACCEPTABLE PROOF OF RESIDENCY DOCUMENTS:**

Deed	Valid DOT identification card
Lease	Current credit card bill
Current Utility bill (gas, electric, cable, telephone, etc.)	Vehicle registration
Property tax bill	Valid driver's license or compatible change of address card

## STUDENT REGISTRATION FORM

School: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### STUDENT INFORMATION

<b>STUDENT INFORMATION</b>					
Legal Last Name		Legal First Name		Legal Middle Name	
Also or Previously Known as		Birthdate (Month/Day/Year)		Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number *		Birthplace (City/State/Country)		Home Phone <input type="checkbox"/> Check if unlisted	
Ethnic Category: (Check one) <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic		Racial Category: (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Student's Primary Language		Date your student first attended a school in the USA (month/year)			
Parent's Primary Language		Parent's preferred language for written communications			

### PREVIOUS SCHOOL INFORMATION:

Number of previous schools attended \_\_\_\_\_

Last School Attended		Grade	Address of Former School, City, State, Zip
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Has your child ever attended the \_\_\_\_\_? Yes No

If yes, school attended \_\_\_\_\_ Year(s) attended \_\_\_\_\_

### SPECIAL PROGRAM INFORMATION:

Is your child currently enrolled in Special Education and have an IEP? Yes No

Does your child have a Section 504 Plan? Yes No

Has your child ever repeated a grade? Yes No

Has your child ever participated in: Title I ELL GIFTED/TALENTED Other: \_\_\_\_\_

### PRIMARY HOUSEHOLD INFORMATION: List the Name(s) of person(s) WITH WHOM STUDENT IS LIVING. Use additional page(s) to supply information concerning other parent(s) and/or guardian(s)

Living With: (Check one)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only
<input type="checkbox"/> Grandparents	<input type="checkbox"/> Self	<input type="checkbox"/> Agency
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Stepfather/Stepmother
<input type="checkbox"/> Other (Specify): _____		

Last Name		First Name		Work Place/City		Work Phone		Cell Phone:	
Last Name		First Name		Work Place/City		Work Phone		Cell Phone:	
Parent/Guardian Mailing Address				Apartment Number		City		Zip	
Parent/Guardian Street Address (if different than above)				Apartment Number		City		Zip	

Parent/Guardian email address (list more than one if applicable): \_\_\_\_\_

\* Disclosure of a student's social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes. Refusing to provide your student's Social Security Number will not bar your child .

**SECONDARY HOUSEHOLD INFORMATION:** List the Name of Parent(s) and/or Guardian(s) OTHER than those listed under Primary Household Information.

Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Last Name	First Name	Work Place/City	Work Phone	Cell Phone:

Parent/Guardian Mailing Address	Apartment Number	City	Zip
Parent/Guardian Street Address (if different than above)	Apartment Number	City	Zip

Parent/Guardian email address (list more than one if applicable):

Any Additional Arrangements:

**LEGAL INFORMATION:** When applicable, please provide legal documentation to the school building.

Is there a Parenting Plan in effect?      Yes    No

Is there a Restraining Order in effect?      Yes    No      If yes, who is the Restraining Order Against? \_\_\_\_\_

**SIBLING INFORMATION:** List the student's school age brothers and sisters (Use additional page(s) to supply information for additional siblings)

First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare
First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare
First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare

**EMERGENCY INFORMATION:** List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

First and Last Name	Relationship to Student:	Address	Daytime Phone
First and Last Name	Relationship to Student:	Address	Daytime Phone

**DAY CARE/AFTER SCHOOL CARE INFORMATION** (Use additional page(s) to supply information for additional day care/after school care)

Name: _____	Days Child Attends (check all that apply)	Check Appropriate Line:
Address: _____	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Before and After School
Contact Person: _____	Phone Number: _____	<input type="checkbox"/> Before School Only
		<input type="checkbox"/> After School Only

## Laboratory Charter School Philadelphia, PA 19131

School Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_ Grade: \_\_\_\_\_  
Room No.: \_\_\_\_\_

### Health Information

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here \_\_\_ and she will contact you.

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_ Signature: \_\_\_\_\_

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

_____ Cancer	_____ Kidney/Bladder Disease	_____ Vision Problems	_____ ADD
_____ Diabetes	_____ Convulsions, Seizures	_____ Hearing Problems	_____ ADHD
_____ Heart Disease	_____ Orthopedic/Bone	_____ Social/Emotional/Behavioral Concerns	
_____ Autism	_____ Bowel Concerns	_____ In Counseling	

\_\_\_ Allergy To: \_\_\_\_\_ Severe Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_ Asthma Provoked by \_\_\_\_\_  
Severe Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ What kind? \_\_\_\_\_ Has

above condition been diagnosed by a medical doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the doctor's name? \_\_\_\_\_ Phone # (     ) \_\_\_\_\_ May  
we obtain this information? Yes \_\_\_ No \_\_\_ If yes, please sign a release of information obtained from the school secretary. What  
does the child do to manage their own condition? \_\_\_\_\_

How can the teacher help with this at school? \_\_\_\_\_

What symptoms should we report to you? \_\_\_\_\_

Takes Medication Daily at \_\_\_Home\_\_\_ School

Medication is: \_\_\_\_\_ For: \_\_\_\_\_

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD (chapter 195- 182) . YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY

Permission for hearing test? \_\_\_\_\_Yes \_\_\_\_\_No (#912)

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e., limitations in activities, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ELECTRONIC INFORMATION NETWORKS  
INDIVIDUAL USER ACCESS INFORMED CONSENT**

My child/I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which I/we have reviewed and understand. I/we acknowledge that failure to comply with the policy and procedures may result in the revocation of network use privileges. My child/I acknowledge and agree that \_\_\_\_\_ has the right to review, edit or remove any materials installed, Laboratory Charter School used, stored, or distributed on or through the network or District's system. I/we hereby waive any right of privacy which my child/I may otherwise have to such material. I/We have also been presented with opportunities to learn more about the Internet and electronic networks in schools.

<b>APPLICANT</b>	<b>PARENT/GUARDIAN</b>
<hr/> <div style="text-align: center;">Printed Name of Applicant</div>	<hr/> <div style="text-align: center;">Printed Name of Parent or Guardian (Required if applicant is under age 18)</div>
<div style="text-align: center;"><input type="checkbox"/> Staff <input type="checkbox"/> Student      Student No. _____</div>	<hr/> <div style="text-align: center;">Signature of Parent or Guardian</div>
<hr/> <div style="text-align: center;">Signature of Applicant</div>	<hr/> <div style="text-align: center;">Date Signed</div>
<hr/> <div style="text-align: center;">School Name or Location of Applicant</div>	<hr/>
<hr/> <div style="text-align: center;">Date Signed</div>	<hr/>

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# Laboratory Charter School

## Important Information Concerning Student Privacy Rights

During the school year your child may make headlines as a hero of the big game, or he or she might win an academic honor. Often, stories about what is happening at school will feature students. We also might want to use your child's name or may get a great photograph or videotape of your child that we'd like to use in a school district publication or presentation.

The Family Education Rights and Privacy Act (FERPA) permits school districts to release "Directory Information" to certain people or institutions, such as the news media, unless the child's parent or guardian requests that such information not be released. "Directory Information" includes the following:

- Student name, address and phone number
- Date and place of birth
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of athletic team members
- Dates of attendance
- Degrees and awards received
- The most recent previous educational agency or institution attended by the student
- Publishing student names in the school newsletters or other publications

**Laboratory Charter School** \_\_\_\_\_ will not release student information for commercial or other purposes. The purpose of a release will always be related to the conduct of school business.

If you do NOT want us to release "Directory Information" and/or publish your child's photograph, and/or release videotape of your child, please complete and return the form below as soon as possible. OTHERWISE, IT IS NOT NECESSARY TO TAKE ANY ACTION. If you have any questions, please call \_\_\_\_\_.

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 Laboratory Charter School

### Directory Information & Photographs

*Please print - Return one form for each child.*

#### Directory Information

- Do not release any "Directory Information" on my child.  
or  
 Do not release "Directory Information" on my child, but you can include my child's name in the school newsletter and school directory.

#### Photograph/Videotape

- Do not release my child's photograph/videotape to the news media or use my child's photograph in any District-wide printed publication (such as the calendar).

#### Class Photograph

- Do not release my child's individual class photo for use in the school annual or yearbook.

Child's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_