



CRISPUS ATTUCKS CHARTER SCHOOL

“PREPARING STUDENTS TO BECOME MENTALLY TOUGH”

EST. 1999

**605 SOUTH DUKE STREET
YORK PENNSYLVANIA 17401**

Phone 717-848-3610 FAX 717-699-2453

Mrs. Jacqueline Martino-Miller

www.crispusattucks.org

CEO

Student Application Form 2017-2018 (completed form may also be faxed or emailed)

Contact Person: Ms. Feliciano/Ext. 250

email: cfeliciano@crispusattucks.org

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Current Grade Level: _____

II. School District of Residence:

School District of Residence: _____

III. Parent/Guardian Information: Relation to Student: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

The Crispus Attucks Charter School will not discriminate on the basis of race, color, national origin, ancestry, religion, age, gender, sexual orientation, or disability.