



# CRISPUS ATTUCKS CHARTER SCHOOL

ESTABLISHED 1999

*"Preparing Students to be Mentally Tough"*

JACQUELINE MARTINO-MILLER, CEO

A YOUTHBUILD USA AFFILIATE

605 South Duke Street • York PA 17401-3111 • P 717-848-3610 • F 717-699-2453 • www.crispusattucks.org

## Student Application Form 2018-19 (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: \_\_\_\_\_



# CRISPUS ATTUCKS CHARTER SCHOOL

ESTABLISHED 1999

*"Preparing Students to be Mentally Tough"*

JACQUELINE MARTINO-MILLER, CEO

A YOUTHBUILD USA AFFILIATE

605 South Duke Street • York PA 17401-3111 • P 717-848-3610 • F 717-699-2453 • [www.crispusattucks.org](http://www.crispusattucks.org)

## Solicitud Estudiante Forma 2018-2019 (pueda enviar por fax o email)

Persona a contactar: Ms. Feliciano/Ext. 250

email: [cfeliciano@crispusattucks.org](mailto:cfeliciano@crispusattucks.org)

### I. Información del Estudiante:

Apellido: \_\_\_\_\_ Nombre: \_\_\_\_\_ Inicial: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. Casa: \_\_\_\_\_ Celular: \_\_\_\_\_ Email: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_ Edad: \_\_\_\_\_ Grado escolar: \_\_\_\_\_

II. Distrito Escolar de Residencia: \_\_\_\_\_

III. Información Padres/Tutores: Relación con Estudiante: \_\_\_\_\_

Apellido: \_\_\_\_\_ Nombre: \_\_\_\_\_ Inicial: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. Casa: \_\_\_\_\_ Celular: \_\_\_\_\_ Email: \_\_\_\_\_

Mi firma indica que la información es correcta.

Firma Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Para uso de la escuela: Fecha recibo: \_\_\_\_\_ Recibido por: \_\_\_\_\_