



# **Sankofa Academy Charter School**

*“Lighting the Path to Every Child’s Future!”*

*446 W. Gay Street  
West Chester, PA 19380*

*Phone: 610-696-0333  
Fax: 610-696-0620*

*www.sankofa-academy.com*

## **Welcome to Sankofa Academy Charter School**

As part of the enrollment process, the Pennsylvania Department of Education requires that we obtain certain documents as a part of your child’s enrollment portfolio. Please return the documents listed below so that we may process your child’s enrollment as soon as possible. If you have any questions or concerns, feel free to contact us at any time.

- Copy of Birth Certificate
- Proof of Residence (copy of lease, mortgage statement, or utility bill)
- Immunization Record
- Copy of Social Security Card (if applicable)
- Copy of Medical Insurance Card

Thank you,

Enrollment Coordinator

Charter School Student Enrollment Notification Form  
For School Year 2009 - 2010

Name of Charter School: Sankofa Academy Charter School  
Address: 446 West Gay Street  
West Chester, PA 19380

Charter School Contact Person: Robert Woolbright  
Telephone: (610) 696-0333 Fax: (610) 696-0620 Email: [sankofa.academy@yahoo.com](mailto:sankofa.academy@yahoo.com)

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I. Student Information:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (If Different From Home Address)

\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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II. School District of Residence and Former School Information

School District of Residence: \_\_\_\_\_

Former School Information (Other Than Preschool):

_____ Public	_____ Charter	_____ Home	_____ Nonpublic
_____ School	_____ School	_____ School	_____ School

\_\_\_\_\_ Student Not Enrolled In School Preceding Enrollment in Charter School Because:

\_\_\_\_\_ Entering  
\_\_\_\_\_ Kindergarten \_\_\_\_\_ Re-Enrolling Dropout \_\_\_\_\_ Other: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Was Your Child Receiving Special Education Services Based On An IEP? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, Do You Have the Child's Special Education Records (IEP)? \_\_\_\_\_ YES \_\_\_\_\_ NO

III. Parent/Guardian Information:

Child lives with:  Both Parents  Both Parents Alternately  Mother Only  Father Only  
 Legal Guardian  Foster Parents  Other Adult \_\_\_\_\_

Special Custodial Court Instructions:

(If yes, please provide a copy of the court order)  YES  NO

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Complete Parent/Guardian Name and Address Information As Applicable

Father's Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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If The Student Is Not Living With Parents, Please Complete This Section.

Guardian's Name or  Foster Parent's Name or  Other Adult Name  
Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

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My signature on this form indicates my decision to have my child attend Sankofa Academy Charter School as named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to Sankofa Academy Charter School.

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

IV. To Be Completed By Charter School:

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

Proof of Residency  Mortgage Statement  Lease  Utility Bill  Other: \_\_\_\_\_

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

Grade Student Is Entering: \_\_\_\_\_

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

# SANKOFA ACADEMY CHARTER SCHOOL INTENT TO ENROLL

## STUDENT INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ SS# \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL SCHEDULED TO ATTEND, SEPTEMBER 2009-2010: \_\_\_\_\_

SCHOOLS PREVIOUSLY ATTENDED: \_\_\_\_\_

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NAME(S) AND GRADES OF SIBLINGS:

\_\_\_\_\_  
(NAME) (GRADE)

\_\_\_\_\_  
(NAME) (GRADE)

\_\_\_\_\_  
(NAME) (GRADE)

\_\_\_\_\_  
(NAME) (GRADE)

## PARENT/LEGAL GUARDIAN INFORMATION

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK/MOBILE PHONE \_\_\_\_\_ WORK/MOBILE PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

# SANKOFA ACADEMY CHARTER SCHOOL

## STUDENT ADMISSION FORM

SANKOFA ACADEMY is a tuition-free public school open to children of West Chester and the Commonwealth of Pennsylvania.

### STUDENT INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_  
SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

CURRENT GRADE (2008-2009) \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

ENTERING SANKOFA ACADEMY CHARTER SCHOOL GRADE      5   6   7   8   9   10   11

SPECIFY PRIMARY LANGUAGE AT HOME IF OTHER THAN ENGLISH \_\_\_\_\_

IS STUDENT CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES    YES    NO

RACE: (CIRCLE ONE) AFRICAN AMERICAN / NATIVE AMERICAN / ASIAN-AMERICAN / CAUCASIAN / HISPANIC / OTHER \_\_\_\_\_

WHAT ARE THE STUDENT'S SPECIAL LEARNING INTERESTS? \*(COMPUTERS, POETRY, READING, SPORTS, ETC.) \_\_\_\_\_  
\_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR CHILD'S EXISTING READING SKILLS? \_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION/INTERESTS/SKILLS \_\_\_\_\_  
\_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

RELATIONSHIP TO CHILD \_\_\_\_\_ CUSTODIAL PARENT \_\_\_ YES \_\_\_ NO MARITAL STATUS \_\_\_\_\_

I, \_\_\_\_\_, THE PARENT/LEGAL GUARDIAN OF \_\_\_\_\_  
PARENT/LEGAL GUARDIAN STUDENT'S NAME  
ACKNOWLEDGE HE/SHE IS OFFICIALLY ENROLLED IN AND WILL ATTEND SANKOFA ACADEMY CHARTER SCHOOL IN SEPTEMBER 2009-2010.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

INITIALS OF SANKOFA ACADEMY CHARTER SCHOOL REPRESENTATIVE \_\_\_\_\_

SANKOFA ACADEMY CHARTER SCHOOL

446 West Gay Street  
West Chester, PA 19380  
(610) 696-0333  
(610) 696-0620 (Fax)

REQUEST FOR STUDENT RECORDS

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

From: SANKOFA ACADEMY CHARTER SCHOOL

To: (Enter Current School's name) \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

RE: (Student's Name): \_\_\_\_\_

Student DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

The Student named above has been admitted to our school for the School year beginning September 2008. Please forward the following records as soon as possible.

Please send a copy of his/her Scholastic, Health Records, Discipline and Confidential Records, including the MDT, MER, Psychological Evaluation, NORA, IEP, Speech and Language IEP, so that proper placement can be made and continuity of record keeping maintained.

Parent Authorization:

I authorize the release of all my child's records noted above to SANKOFA ACADEMY CHARTER SCHOOL.

\_\_\_\_\_  
Signature of Parent

\*\* Parental permission is no longer required when records are requested by authorized personnel (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Volume 41, Number 118, Page 24673).

\_\_\_\_\_  
(Authorized School Personnel)

Dr. Lamont McKim  
Chief Executive Officer

Mr. Robert Woolbright  
Site Administrator

**SANKOFA ACADEMY CHARTER SCHOOL**  
*ADMISSIONS AFFIDAVIT, AS REQUIRED BY PENNSYLVANIA STATUTE*

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Name of parent/guardian) (Name of Child)

Residing at \_\_\_\_\_  
(Street address, Apt. #)

\_\_\_\_\_ do hereby,

Swear/affirm that the above identified student (check all that apply):

is currently on

was previously on

has never been on

suspension or expulsion from any public, parochial, or private school in the State of Pennsylvania or other jurisdiction in the United States for

the possession or use of any weapon(s), drug(s) or alcohol

any act of violence on school property

damage or vandalism to any school property

any act which resulted in injury to another person

If any statement above applies to the student named above you must provide the following information:

1. The name and address of the school from which the student was suspended or expelled:

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

2. The dates of any suspension and/or expulsions:

\_\_\_\_\_

I make this statement with the full knowledge that any misstatement or omission makes me subject to the criminal penalties of the State law 24 P.S.n130A, relating to falsification of this document and may result in expulsion of the student.

\_\_\_\_\_  
(Signature - Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature - Witness)

# SANKOFA ACADEMY CHARTER SCHOOL

## Emergency Consent Form

NAME	BIRTHDATE
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MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
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HOME ADDRESS
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BUSINESS NAME/ADDRESS	WORK TELEPHONE NUMBER
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FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
------------------------------	-----------------------

HOME ADDRESS
--------------

BUSINESS NAME/ADDRESS	WORK TELEPHONE NUMBER
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**Emergency Contact Persons:**

NAME	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
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NAME	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
------	-----------------------	-----------------------

NAME	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
------	-----------------------	-----------------------

**Person(s) to whom child may be released:**

NAME	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
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NAME	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
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NAME	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER
------	-----------------------	-----------------------

**Medical Information**

PHYSICIAN/MEDICAL PROVIDER	ADDRESS	TELEPHONE NUMBER
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ALLERGIES (INCLUDE MEDICATION REACTION)	DISABILITIES/MEDICAL CONDITIONS (IF ANY)
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MEDICATION(S)/SPECIFIC CONDITIONS	DIETARY INFORMATION NECESSARY IN AN EMERGENCY
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HEALTH INSURANCE COVERAGE OR MEDICAL ASSISTANCE BENEFITS FOR CHILD	POLICY NUMBER (REQUIRED)
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Parental Consent Required for each below, please sign to indicate consent

EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	WALKS/TRIPS
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SWIMMING/WADING	TRANSPORTATION BY FACILITY
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# SANKOFA ACADEMY CHARTER SCHOOL

## HOME LANGUAGE SURVEY\*

The Office of Civil Rights (OCR) requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student's Name:

Grade:

Date:

1. What is/was the student's first language?
2. Does the student speak a language other than English?

If yes, specify the language \_\_\_\_\_  
(Does not include languages learned in school.)

3. What language(s) is/are spoken in your home?

Person completing this form (if other than parent/guardian):

Parent/Guardian signature: \_\_\_\_\_

\* The charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the charter school may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the charter school in the future.

**Sankofa Academy Charter School**  
**STUDENT HEALTH SUMMARY - INFORMATION FOR NURSE**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Phone Numbers: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

Emergency contact numbers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for the staff of Sankofa Academy to transport, or to make arrangements for the transportation of my child to emergency medical care; and to sign permission for medical treatment declared necessary by the practitioner, in the event that the persons listed above cannot be contacted.

\_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature

**Special Health Needs**

Please complete the following information so the school nurse can meet any special needs of your child. (Use the back of this form if you need additional space.)

- |   | <u>Circle One</u> |
|---|-------------------|
| • Has your child ever had any serious illness or operations?<br>If yes - what type/when? _____  | No    Yes         |
| • Is your child going regularly to a hospital, clinic or doctor?<br>For what? _____ Where? _____  | No    Yes         |
| • Has your child had any convulsions or seizures in the last year?<br>How many? _____ How often? _____ When was the last<br>Seizure? _____ Type of treatment? _____ | No    Yes         |
| • Is your child taking medications, during school?<br>Name of medications: _____<br>Reason: _____   | No    Yes         |
| • Does your child take medications regularly at home?<br>What medication? _____   | No    Yes         |
| • Is your child allergic to any drugs, food, plants, insect bites?<br>What allergy/what type of reaction? _____   | No    Yes         |
| • Did your child have any serious accidents, illnesses, or operations?<br>Please explain: _____   | No    Yes         |

IF YOUR CHILD IS TAKING MEDICATION UNDER DOCTOR'S ORDERS AND IT IS TO BE GIVEN DURING THE SCHOOL DAY, PLEASE DO THE FOLLOWING:

1. Bring the medication to the school nurse or give it to the bus driver in a sealed envelope. The bus driver will forward the medication to the appropriate school personnel.
2. Send the doctor's written order in with the medication in the original container from the pharmacy along with written parental consent.
3. Notify the nurse in writing of any change in medication and send the doctor's order with any new medications or medication change.

