

# Application for Enrollment – City Charter High School

<p><b>By US Mail:</b>                  City Charter High School                  Attention: Admissions                  201 Stanwix Street, Suite 100                  Pittsburgh, PA 15222</p>	<p><b>By Email/Online</b>  <a href="mailto:admissions@cityhigh.org">admissions@cityhigh.org</a>   <a href="http://cityhigh.org/admissions">cityhigh.org/admissions</a></p>	<p><b>FAX</b>                  412.690.2316                  ATTN: ADMISSIONS</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

**APPLICATIONS WILL ONLY BE PROCESSED WHEN THEY INCLUDE 2 PROOFS OF RESIDENCY, BIRTH CERTIFICATE, AND IMMUNIZATION RECORD.**  
 Student's current address and Parent/Guardian's name must match BOTH residency proofs.

**STUDENT INFORMATION**

First Name:		Last Name:	
Middle Initial:	Suffix: (Jr., III)	Date of Birth: (mm-dd-yyyy) ____ / ____ / ____	Primary Phone #:
Address (MUST MATCH RESIDENCY PROOFS):		Address Line 2:	
City:		State:	Zip:
Housing: <input type="checkbox"/> Rent/Own <input type="checkbox"/> Other  Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other _____		Are there any custody or legal documents? (IF YES, PLEASE SEND A COPY WITH YOUR APPLICATION) <input type="checkbox"/> YES <input type="checkbox"/> NO	
If OTHER ADULT, indicate relationship: _____ Is the student a sibling of a current City High Student? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, what is the sibling's FULL NAME?			
Current Grade: <input type="checkbox"/> 8 <input type="checkbox"/> 9		Applying for: <input type="checkbox"/> 9 <input type="checkbox"/> 10	School Year Applying for: <input type="checkbox"/> 2022-2023 <input type="checkbox"/> 2021-2022 (Transfer)
Current School:		Current School District:	

Current School is:                     Public             Charter             Private             Home School

Does student currently receive ANY of these supports (CHECK ALL THAT APPLY)?

IEP for Special Education Services     504 Plan     ESL Services     None of these

**DEMOGRAPHIC INFORMATION:**  
*We are required by state and federal reporting regulations to gather this information.*

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Is student of HISPANIC/LATINO ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander
--------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

How did you hear about City High (check all that apply)?

Family/Friend     Direct Mail     City High Website     Social Media     Other: \_\_\_\_\_

# Application for Enrollment - City Charter High School (cont.)

## Parent/Guardian Information:

Information about the 1 <sup>st</sup> adult the student lives with (the primary parent / guardian)		
First Name:	Last Name:	
Email:	Primary Phone #:	Work/Secondary Phone #:
Relationship to Student:	Highest Level of Education Completed:	
Is this adult also an Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is your preferred contact method?	
If Yes, which emergency contact? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary/Work Phone <input type="checkbox"/> Email	

Information about the 2 <sup>nd</sup> adult the student lives with (if there is one)		
First Name:	Last Name:	
Email:	Primary Phone #:	Work/Secondary Phone #:
Relationship to Student:	Highest Level of Education Completed:	
Is this adult also an Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is your preferred contact method?	
If Yes, which emergency contact? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary/Work Phone <input type="checkbox"/> Email	

## Emergency Contact Information:

If we can't contact the adults listed above, who should we call?

1 <sup>st</sup> Emergency Contact		
First Name:	Last Name:	
Relationship to Student:	Primary Phone #:	Work/Secondary Phone #:

2 <sup>nd</sup> Emergency Contact		
First Name:	Last Name:	
Relationship to Student:	Primary Phone #:	Work/Secondary Phone #:

**City Charter High School**

*Attention: Admissions*

201 Stanwix Street, Suite 100

Pittsburgh, PA 15222

FAX: 412.690.2316

[admissions@cityhigh.org](mailto:admissions@cityhigh.org)

[www.cityhigh.org/admissions](http://www.cityhigh.org/admissions)