



**WEST PHILADELPHIA**  
**ACHIEVEMENT CHARTER ELEMENTARY SCHOOL**  
6701 CALLOWHILL STREET, PHILA. PA 19151  
TEL: 215.476.6471 \*\* FAX: 215.476.6470

## Procedure For Student Registration

The following documents must be presented by the parent/legal guardian in order to register a student. **Incomplete applications or missing documents will not be accepted. All students in kindergarten and first grade must have a Tuberculin Test along with all optional documents are due upon acceptance to WPACES.**

1. Proof of birth
2. Immunization Record (Must be current) for all grades. Students applying for kindergarten and first grade must also have a Tuberculin test
3. Physical and Dental (Must be current) **(Upon Acceptance)**
4. Most recent report cards for students in grades 1-5 **(Upon Acceptance)**
5. Most recent PSSA scores for students in grades 3-5 **(Upon Acceptance)**
6. Custody Papers (If Applicable) **(Upon Acceptance)**
7. Delegation of parental authority **(Optional)**
8. Proof of Address (2 separate forms stating your address – Here are a few acceptable forms of identification: gas, electric, cable, valid driver's license, valid non-driver's identification card, voter registration card, copy of your lease, mortgage statement, notarized letter to show proof of residency)

The following forms must be completed as part of the enrollment process.

1. Admission Application
2. Blue Emergency Card
3. Medical Information (Letter to dispense medication if applicable)
4. Request for student records release form
5. Code of Behavior
6. Attendance Policy

All forms in the packet must be completed in order to process your child's application.

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 215-476-6471

Student Checklist

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID # \_\_\_\_\_ Prior School \_\_\_\_\_

Start Date \_\_\_\_\_ Drop Date \_\_\_\_\_ Students Grade for 2019-2020 \_\_\_\_\_

Parents E-mail Address: \_\_\_\_\_

**All requested documents must be submitted with the application.**

Documents	Date Received	Staff Initials
Application		
Field Trip & Video Permission Slip		
Text Book & Library Book Replacement Contract		
Parent Volunteer Contract		
Home Language Survey		
Birth Certificate		
<b>Dental – Must be submitted once student is enrolled</b>		
Current Immunization		
<b>Current Physical - Must be submitted once student is enrolled</b>		
Previous School Information		
<b>PSSA Scores – For Students in Grades 3-5 - Must be submitted once student is enrolled</b>		
<b>Current Report Card - Must be submitted once student is enrolled</b>		
Proof of Address		
Blue Emergency Card		
<b>Custody Papers - Must be submitted once student is enrolled</b>		

**Intent-to-Enroll**  
**West Philadelphia Achievement Elementary School**  
**6701 Callowhill Street**  
**Philadelphia, PA 19151**  
**215-476-6471**  
**Website: [www.wpaces.org](http://www.wpaces.org)**

**2019-2020 School Year**

**Please Note: Students must be (5) years of age by September 1<sup>st</sup> in order to enroll for Kindergarten**

**All Requested Documents Must Be Submitted With The Application**

**All Students In Kindergarten and First Grade Must Have a Tuberculin Test**

I \_\_\_\_\_ intend to enroll my child

\_\_\_\_\_ from \_\_\_\_\_

and enroll him/her in the West Philadelphia Achievement Charter Elementary School. I am requesting that you drop my child from your school and forward their records including the last report card.

**Student Information**

Date of Birth \_\_\_\_\_ Student ID# \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Optional Section:**

Ethnicity (Check One) \_\_\_ Black \_\_\_ Hispanic \_\_\_ American Indian \_\_\_ Asian \_\_\_ White \_\_\_ Other \_\_\_

Place of Birth \_\_\_\_\_ Language Spoken \_\_\_\_\_ Gender \_\_\_\_\_

**Previous School Information**

School District of Residence \_\_\_\_\_ Name of Former School \_\_\_\_\_

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

Type of Former School (Please Check One)

\_\_\_\_\_ Public School    \_\_\_\_\_ Charter School    \_\_\_\_\_ Home School    \_\_\_\_\_ Nonpublic School

Student not previously enrolled in school because:

\_\_\_\_\_ Entering Kindergarten    \_\_\_\_\_ Other

Last Grade Completed \_\_\_\_\_ Withdrawal Date from Former School \_\_\_\_\_

**Parent Guardian Information**

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ but Alternates \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_  
Both Parents

Special Custodial Court Instructions \_\_\_\_\_ Yes \_\_\_\_\_ No

Copy submitted with application \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a child currently attending WPACES? \_\_\_\_\_ Yes \_\_\_\_\_ No

Students Name \_\_\_\_\_ Learning Lab \_\_\_\_\_

**Complete parent name and address if different from the student**

Fathers Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mothers Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**If student is not living with parent(s) complete this section**

Guardians Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Proof of Guardianship \_\_\_\_\_

**(Please attach proof of guardianship)**

My signature on this form indicates my decision to have my child attend the West Philadelphia Achievement Charter Elementary School named on this document and signifies my request that appropriate school records be forwarded from the School District to the Charter School.

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

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**To Be Completed By Charter School**

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

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

**Official Enrollment Date** \_\_\_\_\_ **Grade** \_\_\_\_\_ **LL** \_\_\_\_\_

**Signature of Charter School Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Admissions Affidavit – Pennsylvania Schools**  
**As Required By State Legislation**

I \_\_\_\_\_, parent/guardian of the student  
Name of Parent/Guardian

\_\_\_\_\_ residing at \_\_\_\_\_  
Name of Student Address

\_\_\_\_\_, do hereby swear and affirm that the above identified student:  
City, State, Zip

**(Check all that apply)**

1. \_\_\_\_\_ is currently on
2. \_\_\_\_\_ was previously on
3. \_\_\_\_\_ was never on

Suspension or expulsion from any public, parochial or private school in Pennsylvania or any other jurisdiction in the United States for:

- The possession or use of any weapon(s), drug (s), or alcohol
- Any act or violence on school property
- Damage or vandalism to any school property
- Any act which resulted in injury to another person

If either statement 1 or 2 (as stated above) applies to this student you must provide the following information.

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

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

**The dates of the suspension or expulsion:**

I make this statement with the full knowledge that any misstatement or omission makes me subject to the criminal penalties of state law 24P.S.1304A relating to falsification of this document and may result in expulsion.

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

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

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

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**Delegation of Parental Responsibility (Optional)**  
**Delegated Domestic Guardian**

We/I \_\_\_\_\_ do hereby agree and accept responsibility and authority over \_\_\_\_\_ for all school requirements, including responsibility for any restitution legally assessed for the student's acts or omissions which result in loss of, or damage to school property and/or injuries to other persons.

We/I \_\_\_\_\_ understand and accept that we/I may be called upon to authorize any medical, psychological or mental testing or treatment that may be in the best interest of the student and/or the representation of the student in any school proceeding or process involving academic, special education, disciplinary and/or extracurricular matters.

We/I reside at \_\_\_\_\_, Apt. # \_\_\_\_\_. Our home telephone number is \_\_\_\_\_, wife's work # \_\_\_\_\_, husband's work # \_\_\_\_\_.

We/I \_\_\_\_\_ do swear and affirm that the above named student will be residing with me at the above listed residence full-time, twelve months a year, and we/I shall provide for his/her complete financial support, health and welfare.

We/I \_\_\_\_\_ have read the above information and certify that it is made subject to other criminal penalties provided in 18PA C.S.A.#4903 (False Swearing) and/or #4904 (Unsworn Falsification to Authorities).

Signature of Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Sworn to and Subscribed Before Me**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Issued By \_\_\_\_\_

Notary Public

C: Internal Revenue Service  
Department of Public Affairs  
Social Security Administration



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## Emergency Closing Form (Optional)

I do understand that WPACES follows the School District of Philadelphia's schedule for weather related emergency closing. If they are close or will close early, WPACES will also be closed or close early.

### Return to School Promptly

\_\_\_\_\_ Grade \_\_\_\_\_ LL \_\_\_\_\_  
Students Last Name, First Name, Middle Initial

In the event of an early closing of school, I have directed my son/daughter to:  
Please Check One:

1. Leave school at the announced closing time and
  - \_\_\_\_\_ Walk Home
  - \_\_\_\_\_ Ride the school bus at early dismissal time
  - \_\_\_\_\_ Be picked up by an adult (Please fill in the name, relationship, address & Phone #)

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Other as stated below:

### **Please List the Daytime Number In Case of An Emergency School Closing**

Mother \_\_\_\_\_ Phone# \_\_\_\_\_

Father \_\_\_\_\_ Phone # \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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## Permission to Release Records

### **Student Information**

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

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School District ID # \_\_\_\_\_

Parent's Telephone #'s (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

My child has been accepted to West Philadelphia Achievement Charter School. Please release all records including special education and mental health records. Please send all records to:

**West Philadelphia Achievement Elementary School**  
**Enrollment**  
**6701 Callowhill Street**  
**Philadelphia, PA 19151**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Release of Records

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FIELD TRIP AND VIDEOTAPE PERMISSION SLIP**

**This form will remain on file for the duration of your child's enrollment at WPACES.**

As a school, numerous opportunities arise where we take photos and videos of our students. We are asking permission from each parent to allow your child to be photographed, videotaped and audio taped during these events such as trips, discipline, celebrations, media coverage and other events involving West Philadelphia Achievement Charter Elementary School. We are extending this courtesy to prevent any conflict of interest.

I \_\_\_\_\_ **give permission** for my child \_\_\_\_\_, to attend all walking trips around the school neighborhood to enhance his/her learning experiences. I give permission for my child to attend all field trips that require transportation by a bus company. I understand that my child is expected to demonstrate appropriate behavior while attending school trips. I further understand that the school is not responsible for any consequences related to inappropriate behaviors during a field trip.

I \_\_\_\_\_ **give permission** for my child \_\_\_\_\_ to be photographed, videotaped and/or audio taped during school hours for celebrations, media coverage, trips, discipline, performances, etc.

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

\_\_\_\_\_  
Date

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**TEXTBOOK AND LIBRARY BOOK REPLACEMENT CONTRACT**

**This form will remain on file for the duration of your child's enrollment at WPACES.**

Dear Parent/Guardian,

It is our mission to provide an educational environment for all our students. We have put great effort into purchasing an adequate supply of materials to educate all our students. It's important that each of our students understand their responsibility in caring for their textbooks and the care of the books while in the library. We need your support to reinforce the importance of taking care of all books and materials at WPACES.

**There will be a \$40.00 replacement fee for each textbook and a \$5.00 replacement fee for each library book that is lost or damaged.** Report cards will not be issued with outstanding balances not paid in full because of lost/damaged textbooks and library books.

We thank you in advance for assisting and supporting our educational programs.

Students' Name \_\_\_\_\_ Grade \_\_\_\_\_ LL \_\_\_\_\_

I have read the Textbook and Library Book Replacement Contract. I understand the expectations for my child, and agree to reinforce the importance of taking care of all school materials with my child.

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

\_\_\_\_\_  
Date

Revised 01/27/2014

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**Parent Volunteer Contract**  
**Volunteer hours are required every year**

At WPACES we are deeply concerned about enriching and impacting the lives of our students and their families. We are excited about educating your child in the upcoming school year. We also look forward to developing a supportive relationship throughout the year. In order for our students to reach higher levels of excellence, we need the support and involvement from our parents and families. It is extremely important for the home and school to effectively communicate and partner in educating your child.

**At WPACES, every parent/guardian is required to volunteer for a minimum of (10) hours (single parent families) and (20) hours (two-parent families) during every school year. These hours could include, but are not limited to participating in field trips, assisting in the classroom, assisting in the office and helping with school events.**

Parent volunteering builds students self-esteem and shares the importance that education plays in the home. Each parent must sign this contract that will be kept on file at the school, and at the end of every school year the hours will be calculated and used during your child's re-enrollment process. We expect every parent to be as committed to our school as we are committed to your child and your family.

We look forward to seeing you wear the honorary badge: WPACES Proud Parent Volunteer.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Learning Lab \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

I have read the WPACES Parent Volunteer Contract and understand my responsibility as the parent/guardian to volunteer a minimum of 10 or 20 hours over the course of the year and that my hours will be calculated at the end of the year and used in re-enrollment decisions.

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

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## Home Language Survey

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Grade \_\_\_\_\_ Learning Lab \_\_\_\_\_

1. What is the first language your child learned?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

2. Which language (s) do you speak with your child?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

3. Which language (s) do you speak with your other children?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

4. Which language does your child speak most often?

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 01/13/2012