Charter School Student Change of Address Notification Form
For School Year 2018-2019

Warning: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Name of Charter School: Pennsylvania Virtual Charter School

Address: 630 Park Avenue
King of Prussia, PA 19406

Charter School Contact Person: The Operations Team

Email Address: coa@pavcs.us

Telephone: 484-243-0000 & Fax: (866)-700-7140 (fax)

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Mailing Address (If P.O. BOX address) _____

City: _____ State: PA Zip Code: _____

Date Of Birth: _____ Age: _____

II. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School):

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

_____ Student Not Enrolled in School Preceding Enrollment in Charter School Because:

_____ Entering Kindergarten _____ Re-Enrolling Dropout _____ Other _____

Name of Former School: PAVCS- Change of address

Address of Former School: _____

_____

Previous Grade: _____ Withdrawal Date From Former School: _____

Was Your Child Receiving Special Education Services Based On An IEP? _____ Yes _____ No

Instructions for this can be found at www.pde.state.pa.us. Under the K-12 Schools folder, click on Public Schools, then Charter School, then Reporting. CHANGE OF ADDRESS EFFECTIVE DATE ___MM____/___DD___/___YY___

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 Court Order.) _____ Yes _____ No

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:

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: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: **Date:**

IV. 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: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____
Signature of Charter School Representative: _____

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TO COMPLETE PROCESS – NEED PROOF OF RESIDENCY **AND** NOTIFICATION FORM

The Pennsylvania Department of Education requires that PA Virtual Charter School maintain a current Enrollment Notification Form and proof of residency form on file for each student. A new form is required anytime part of your address information changes and must be submitted by PA Virtual Charter School to your local school district within 15 days of the change. Once the attached Change of Address form is completed and returned, your address change will be considered complete.

When PA Virtual Charter School is informed that a family has moved, PA Virtual Charter School will place a hold on your internet service provided reimbursement check and ink shipments until the enclosed forms are completed and returned to PA Virtual Charter School along with proof of residency. Please be advised that address changes are not considered completed until all forms are returned **and** complete.

Please keep the following in mind -

- **As per PDE guidelines the notification form and proof of residency must be returned to me within 10 business days.**
- **Notification forms cannot be processed without proof of residency.**
- **P.O BOXES CAN ONLY BE ACCEPTED ALONG WITH A STREET ADDRESS.**
- **Proof of Residency must be dated within 1 month of the effective date of the move.**

The following forms are considered acceptable proof of residency:

1. Utility Bill (**all** pages, **service address**, most recent, within 1 month)
2. Full Lease (all pages, with dates and signatures); Mortgage Statement (or Mortgage itself)
3. Driver's License or PA State ID; Address Change Card with License or ID
4. Vehicle Registration with current Insurance Card
5. Deed

Please provide the **date that you moved into your new residence as the "**Effective Date**" (at the bottom of the first page)

If you have any questions, please contact The Operations Team:

Phone:484-243-0000
Fax: 866-700-7140
Email: coa@pavcs.us

Mail To:
Attention: Operations
630 Park Ave
King of Prussia, PA 19406