



Enrollment Materials: Admission Year 2026-2027

Dear Parent/Guardian:

Welcome to The Laboratory Charter School!

Your child's application has been offered a seat through the lottery for a seat in SY 2026-27.

To complete the enrollment process, you are **required** to complete/submit the five documents below.

1. Proof of Child's Age (acceptable examples provided on page 5 and [here](#))
2. Proof of Residency (acceptable examples provided on page 5 and [here](#))
3. Copy of child's updated Immunization Record
4. Completed and signed Parent Registration Statement (must be [included](#) with this letter)
5. Completed and signed Home Language Survey (must be [included](#) with this letter)

To assist with our planning and support our ability to connect your child to appropriate supports, we are **requesting** that you complete and submit the below documents. Please be advised that these documents are not required to begin enrolling your child at our school.

Some examples of materials that can be requested (Charter Enrollment Notification Form, photo release form, internet use form, academic records, attendance records etc.)

Materials can be submitted through one of the following methods:

1. In-person to the main office from 10AM -2:00PM at 926 West Sedgley Ave. Philadelphia, PA 19140 with all required documents.
2. Via email to enrollment@labcharter.com
3. Via fax to 267-817-3340

Enrollment is confirmed only after you (1) accept this offer within one (1) week of the date on this notice and (2) submit all required enrollment documents within five (5) days of acceptance. Document deadline: Submit all required enrollment documents within five (5) days of acceptance. Seats may be offered to the next student on the waitlist if these timelines are not met.

If you have any questions or need any assistance with the completion of these documents, please feel free to contact the school at (267) 817-4720 and we will be happy to assist.

Sincerely,

Ms. Johnson, Director of Enrollment
enrollment@labcharter.com

Enrollment for SY 2026–27 — What Families Need to Know

Laboratory Charter School • Philadelphia, PA • enrollment@labcharter.com | (267) 817-4720 • Updated September 03, 2025

Section A – Your Offer & Next Steps

Please accept or decline this offer within one (1) week of the date on this notice. Your child's seat will be confirmed upon (1) timely acceptance and (2) submission of all required enrollment documents by the stated deadline.

Section B – Required Enrollment Documents

- Proof of age (e.g., birth certificate)
- Proof of Philadelphia residency (acceptable documents per policy)
- Immunization record
- Parental Registration Statement (PRS)
- Home Language Survey (HLS)

Once you accept the offer, submit the required enrollment documents by the deadline listed in your offer. Social Security Number disclosure is voluntary and not required for enrollment.

Section C – How APC Works (Ranked-Choice / SBO)

Apply Philly Charter (APC) uses a ranked-choice Single Best Offer (SBO) process. When you apply, you rank schools. After the public lottery, APC issues one offer to your child at the highest-ranked school with available seats, and your child remains on waitlists only for schools you ranked higher than the offer received. Families receive offer and waitlist information from APC. For help or language support, visit ApplyPhillyCharter.org or call 1-800-891-3999.

Section D – Deadlines & Application Timing

On-time vs. late applications: Applications submitted after the APC deadline are added after the on-time waitlist, in the order received.

Section E – Public Lottery & Preferences

LAB Charter conducts a public, randomized lottery on a publicly posted date, accessible to the public, in collaboration with Apply Philly Charter.

Preference categories applied per policy: sibling, staff, and Philadelphia residency. These are applied in accordance with law and as detailed in LAB Charter's enrollment policy.

Section F – Notifications, Waitlist, Response Windows

Families receiving an offer will be notified within one week of the lottery. Waitlist numbers are sent by email. If you receive an offer from the waitlist, you must respond within one week and provide the required documents by the stated deadline to confirm the seat.

The waitlist is valid for one (1) school year.

Section G – Confirmation & Support

Upon submission, APC sends an application confirmation by email/text.

In-person assistance is available at LAB Charter. APC provides translation options and multilingual phone support at 1-800-891-3999.

Compliance Note:

No interviews, admissions tests, school tours, information sessions, or fees are required to apply.

Use offer/selected language carefully—do not imply a seat is secured before acceptance and required documents are submitted.

Parental Registration Statement



The Laboratory Charter School of Communication and Languages

Student Name:
Date of Birth:
Grade:
Parent or Guardian Name:
Address:
Telephone Number:

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property, including conviction or delinquent adjudication related to sexual assault."

Please complete the following:

I hereby swear or affirm that my child was ___ was not ___ previously suspended or expelled, or is ___ is not ___ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property including conviction or delinquent adjudication related to sexual assault. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

_____ (Signature of Parent or Guardian) _____ (Date)

Any willful false statement made above shall be a misdemeanor of the third degree.

Laboratory Charter School HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name
Middle Initial
Last Name

Parent or Guardian's Name _____
First Name
Middle Initial
Last Name

Address _____
Street
City
State
Zip

Phone Number _____
Home
Work

1. Child's date of birth: _____ (Month/Date/Year) Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
 If no, date child entered the United States: _____ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

What is the language most frequently spoken at home? _____
 4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? _____
 8. Which language did your child learn when he/she first began to talk? _____
 9. What language does your child most frequently speak at home? _____
 10. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

11. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

Parent or Guardian's Signature: _____

Date: _____

PROOF OF CHILD'S AGE AND RESIDENCY (from the BEC)

ACCEPTABLE PROOF OF AGE DOCUMENTS:

Child's original birth certificate	Notarized copy of the child's birth certificate
Child's valid passport	Prior school records indicating the date of birth
Original Baptismal certificate indicating the child's date of birth	Copy of the record of baptism - notarized or duly certified showing the date of birth
A notarized statement from the parents or another relative indicating the child's date of birth	

ACCEPTABLE PROOF OF RESIDENCY DOCUMENTS:

Deed	Valid DOT identification card
Lease	Current credit card bill
Current Utility bill (gas, electric, cable, telephone, etc.)	Vehicle registration
Property tax bill	Valid driver's license or compatible change of address card

STUDENT REGISTRATION FORM

School: _____ Today's Date: _____

STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name	
Also or Previously Known as		Birthdate (Month/Day/Year)		Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number *		Birthplace (City/State/Country)		Home Phone <input type="checkbox"/> Check if unlisted	
Ethnic Category: (Check one) <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic		Racial Category: (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Student's Primary Language		Date your student first attended a school in the USA (month/year)			
Parent's Primary Language		Parent's preferred language for written communications			

PREVIOUS SCHOOL INFORMATION:

Number of previous schools attended _____

Last School Attended	Grade	Address of Former School, City, State, Zip
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Has your child ever attended the _____ ? Yes No

If yes, school attended _____ Year(s) attended _____

SPECIAL PROGRAM INFORMATION:

Is your child currently enrolled in Special Education and have an IEP? Yes No

Does your child have a Section 504 Plan? Yes No

Has your child ever repeated a grade? Yes No

Has your child ever participated in: Title I ELL GIFTED/TALENTED Other _____

PRIMARY HOUSEHOLD INFORMATION: List the Name(s) of person(s) WITH WHOM STUDENT IS LIVING. Use additional page(s) to supply information concerning other parent(s) and/or guardian(s)

Living With: (Check one)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only
<input type="checkbox"/> Grandparents	<input type="checkbox"/> Self	<input type="checkbox"/> Agency
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Stepfather/Stepmother
<input type="checkbox"/> Other (Specify): _____		

Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Parent/Guardian Mailing Address		Apartment Number	City	Zip
Parent/Guardian Street Address (if different than above)		Apartment Number	City	Zip
Parent/Guardian email address (list more than one if applicable):				

* Disclosure of a student's social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes. Refusing to provide your student's Social Security Number will not bar your child .

SECONDARY HOUSEHOLD INFORMATION: List the Name of Parent(s) and/or Guardian(s) OTHER than those listed under Primary Household Information.				
Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Parent/Guardian Mailing Address		Apartment Number	City	Zip
Parent/Guardian Street Address (if different than above)		Apartment Number	City	Zip
Parent/Guardian email address (list more than one if applicable):				
Any Additional Arrangements:				
LEGAL INFORMATION: When applicable, please provide legal documentation to the school building.				
Is there a Parenting Plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there a Restraining Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is the Restraining Order Against? _____				
SIBLING INFORMATION: List the student's school age brothers and sisters (Use additional page(s) to supply information for additional siblings)				
First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare	
First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare	
First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare	
EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.				
First and Last Name	Relationship to Student:	Address	Daytime Phone	
First and Last Name	Relationship to Student:	Address	Daytime Phone	
DAY CARE/AFTER SCHOOL CARE INFORMATION (Use additional page(s) to supply information for additional day care/after school care)				
Name: _____	Days Child Attends (check all that apply)		Check Appropriate Line:	
Address: _____	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.		<input type="checkbox"/> Before and After School	
Contact Person: _____	Phone Number: _____		<input type="checkbox"/> Before School Only	
			<input type="checkbox"/> After School Only	

Laboratory Charter School Philadelphia, PA 19140

School Name: _____ Today's Date: _____
Student Name: _____ Student No.: _____ Grade: _____
Room No.: _____

Health Information

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here__ and she will contact you.

Home Phone: () _____ Work Phone: () _____ Signature: _____

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney/Bladder Disease	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> ADD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions, Seizures	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> ADHD
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Orthopedic/Bone	<input type="checkbox"/> Social/Emotional/Behavioral Concerns	
<input type="checkbox"/> Autism	<input type="checkbox"/> Bowel Concerns	<input type="checkbox"/> In Counseling	

Allergy To: _____ Severe Yes _____ No _____
 Asthma Provoked by _____
Severe Yes _____ No _____

Do you have medical insurance? Yes _____ No _____ What kind? _____ Has above condition been diagnosed by a medical doctor? Yes _____ No _____

If yes, what is the doctor's name? _____ Phone # () _____ May we obtain this information? Yes ___ No ___ If yes, please sign a release of information obtained from the school secretary. What does the child do to manage their own condition? _____

How can the teacher help with this at school? _____

What symptoms should we report to you? _____

Takes Medication Daily at ___ Home ___ School

Medication is: _____ For: _____

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD (chapter 195- 182) . YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY

Permission for hearing test? ___ Yes ___ No (#912)

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e., limitations in activities, etc.).



The Laboratory Charter School

USDA Food Service Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

**ELECTRONIC INFORMATION NETWORKS
INDIVIDUAL USER ACCESS INFORMED CONSENT**

My child/I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which I/we have reviewed and understand. I/we acknowledge that failure to comply with the policy and procedures may result in the revocation of network use privileges. My child/I acknowledge and agree that

_____ has the right to review, edit or remove any materials installed, Laboratory Charter School used, stored, or distributed on or through the network or District's system. I/we hereby waive any right of privacy which my child/I may otherwise have to such material. I/We have also been presented with opportunities to learn more about the Internet and electronic networks in schools.

APPLICANT	PARENT/GUARDIAN
Printed Name of Applicant	Printed Name of Parent or Guardian (Required if applicant is under age 18)
<input type="checkbox"/> Staff <input type="checkbox"/> Student Student No. _____	
Signature of Applicant	Signature of Parent or Guardian
School Name or Location of Applicant	Date Signed
Date Signed	

Laboratory Charter School

Important Information Concerning Student Privacy Rights

During the school year your child may make headlines as a hero of the big game, or he or she might win an academic honor. Often, stories about what is happening at school will feature students. We also might want to use your child's name or may get a great photograph or videotape of your child that we'd like to use in a school district publication or presentation.

The Family Education Rights and Privacy Act (FERPA) permits school districts to release "Directory Information" to certain people or institutions, such as the news media, unless the child's parent or guardian requests that such information not be released. "Directory Information" includes the following:

- Student name, address and phone number
- Date and place of birth
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of athletic team members
- Dates of attendance
- Degrees and awards received
- The most recent previous educational agency or institution attended by the student
- Publishing student names in the school newsletters or other publications

Laboratory Charter School _____ will not release student information for commercial or other purposes. The purpose of a release will always be related to the conduct of school business.

If you do NOT want us to release "Directory Information" and/or publish your child's photograph, and/or release videotape of your child, please complete and return the form below as soon as possible. OTHERWISE, IT IS NOT NECESSARY TO TAKE ANY ACTION. If you have any questions, please call _____.

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Laboratory Charter School

Directory Information & Photographs

Please print - Return one form for each child.

Directory Information

- Do not release any "Directory Information" on my child.
or
 Do not release "Directory Information" on my child, but you can include my child's name in the school newsletter and school directory.

Photograph/Videotape

- Do not release my child's photograph/videotape to the news media or use my child's photograph in any District-wide printed publication (such as the calendar).

Class Photograph

- Do not release my child's individual class photo for use in the school annual or yearbook.

Child's Name: _____ School/Grade: _____

Parent/Guardian Printed Name: _____ Phone Number: (____) _____

Signature: _____ Date: _____