



Student Enrollment Packet

Admission Year

2026-2027

Dear Parent/Guardian:

Welcome to The Laboratory Charter School!

Your child's application has been selected in our public lottery for a seat in the 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)
2. Proof of Residency (acceptable examples provided on page 5)
3. Copy of child's updated Immunization Record
4. Completed and signed Parent Registration Statement (must be [included](#) with this letter on page 2)
5. Completed and signed Home Language Survey (must be [included](#) with this letter on pages 3-4)

Optional – Not Required to Enroll ([Submit only after enrollment is confirmed](#)).

1. Charter Enrollment Notification Form
2. Photo Release Form
3. Internet Use Form
4. Academic or Attendance Records (optional)

Enrollment Packet Submission Options:

In Person: Main Office, 10:00 AM-2:00 PM

Mail: 926 West Sedgley Ave., Philadelphia, PA 19140

Email: enrollment@labcharter.com

Fax: 267-817-3340

Families have one (1) week from the date of this letter to accept their child's seat by confirming enrollment with the school. All required enrollment documents must be submitted within five (5) business days after acceptance to secure the student's placement in the 2026-2027 school year. 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,

The Enrollment Team



Required to Confirm Enrollment
Parental Registration Statement

Parent Registration Statement

Student Name: _____

Date of Birth: _____

Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone 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 provides 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: _____



Required to Confirm Enrollment
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 Code

Phone Number: _____
Home Work

1) Child's Date of Birth: _____

Month/Day/Year

Was born 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/Day/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 _____

3) 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

B. Alaska Native

C. Native Pacific Islanders

D. Native U.S. Virgin Islanders

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 languages does your child most frequently speak at home? _____

10) What language do you most frequently speak to your child? _____



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 home language and English equally.
- D. Understands mostly English and some of the home language.
- E. Understands only English.

Notice for Students with Disabilities / Section 504

Laboratory Charter School welcomes all students, including students with disabilities. The school provides a Free Appropriate Public Education (FAPE) to eligible students in accordance with the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973.

Parents or guardians may request an evaluation for special education or Section 504 services at any time after enrollment. Services are provided at no cost to families, and participation in special education or Section 504 does not affect enrollment or placement at the school.

12) SPECIAL PROGRAM INFORMATION

- A. Is your child currently enrolled in Special Education and have an IEP? Yes No
- B. Does your child have a Section 504 Plan? Yes No
- C. Has your child ever repeated a grade? Yes No
- D. Has your child ever participated in: Title I Ell Gifted/Talented Other (Specify): _____

Signature of Parent or Guardian: _____

Date: _____



PROOF OF CHILD’S AGE RESIDENCY (from the BEC)

Required to Confirm Enrollment
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	

Required to Confirm Enrollment
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



Submit Only After Enrollment is Confirmed

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:
Last Name:	First Name:	Work Place/City:	Work Phone:
Parent/Guardian Mailing Address:	Apartment Number:	City:	Zip Code:
Parent/Guardian Mailing Address (if different than above):	Apartment Number:	City:	Zip Code:
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? Yes No

Is there a **Restraining Order** in effect? Yes No If yes, who is the **Restraining Order** against? _____

Is there a custody order in effect? Yes No

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:
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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 Students:	Address:
First and Last Name:	Relationship to Students:	Address:

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) Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/>	Check Appropriate Line: Before and After School <input type="checkbox"/> Before School only <input type="checkbox"/> After School only <input type="checkbox"/>
Address: _____		
Contact Person: _____		
Phone Number: _____		



Submit Only After Enrollment is Confirmed

School Name: _____ Today's Date: _____
Student Name: _____ Student Number: _____
Grade: _____ Room Number: _____

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 the school nurse will contact you.

Home Phone: _____ Work Phone: _____ Signature: _____

IF ANY OF THESE CONDITIONS APPLY TO YOUR CHILD PLEASE CHECK:

Cancer___ Kidney/Bladder Disease___ Vision Problems___ ADD___
Diabetes___ Convulsions, Seizures___ Hearing Problems___ ADHD___
Heart Disease___ Orthopedic/Bone___ Social/Emotional/Behavioral Concerns___
Autism___ Bowel Concerns___ In Counseling___ Other Concerns ___

Allergies: _____ Severe Yes___ NO___

Asthma___ Provoked by: _____ Severe Yes___ NO___

Do you have medical insurance? Yes___ No___ If yes, name of insurance? _____

Insurance Number _____ Group Number _____

Has above condition been diagnosed by a medical doctor? Yes ___ No ___

If yes, what is the doctor's name? _____ Phone Number: _____

May we obtain this information? Yes___ No___ If yes, please sign a release of information.

Does your child require medical management during the day? (Please explain)

How can the teacher help with this at school?

What symptoms should we report to you?

Takes Medication Daily at ___ Home ___ School

Medication is:

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___

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. limitation in activities, etc.)



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**ELECTRONIC INFORMATION NETWORK
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 and I acknowledge and agree that the network administrator 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
_____ Print Name of Applicant:	_____ Print Name of Parent/Guardian (Required if applicant is under age 18)
_____ Signature of Applicant:	_____ Signature of Parent/Guardian
Student Number: _____	Date: _____
School Name or Location of Applicant: _____	
Date: _____	



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Important Information Concerning Student Privacy

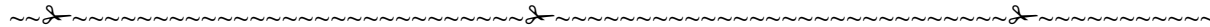
During the school year your child may make headlines as a hero of the big game, or he or she might win an academic honor. Often, stories about what is happening at school will feature students. We also might want to use your child's name or may get a great photograph or videotape of your child that we'd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

The Family Education Rights and Privacy Act (FERPA) permit 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 267-817-4720.



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.

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: _____



Records Request

Date Requested: _____

Permission Is Hereby Grated To: **Laboratory Charter School**

Previous School Name: _____

Address: _____

Students Name: _____ Current Grade: _____

The above-named Student has Registered at **Laboratory Charter School** Please provide the following records (if Applicable)

- Please release the following information:
- Grades
- Health Records
- Results of achievements and test
- Personality rating and other similar data
- Grades in progress at time of leaving
- Any other material pertinent to the growth of the student
- Any psychological testing or information, including the most recent:
 - Educational Evaluation
 - Psychological Assessment
 - Social Worker History
 - IEP Information

Information can be sent to the attention of:

Enrollment Specialist

Email: enrollment@labcharter.com

Fax: 267-817-4730

Address:

926 W. Sedgley Ave

Philadelphia, PA 19140

Authorization to Release Pupil's Records:

I have enrolled my child, (Student Name) _____, on (Date) _____
_____ at Laboratory Charter School and hereby authorize the release of all educational records

Parent/Guardian Signature: _____ **Date:** _____