



**32 West North Street  
York, PA 17401  
www.yorkarcs.org  
717-801-3900 (ph); 717-718-1092 (fax)  
Kathleen Eshbach, Chief Academic Officer**

## Student Application

*Complete one application for each child you wish to enroll in the York Academy Regional Charter School.*

*Complete all information on this application.*

**Return the application to: York Academy Regional Charter School  
32 West North Street  
York, PA 17401**

All questions concerning this application may be directed to Tina Ziegler, Administrative Assistant, at [tziegler@yorkarcs.org](mailto:tziegler@yorkarcs.org)

### STUDENT INFORMATION (please print)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_

Current Grade \_\_\_\_\_ Name of Current School: \_\_\_\_\_

Type of School (circle one): Public Private Parochial Home Charter

Ethnicity (circle one): Asian-American Hispanic-American Caucasian

African-American Native-American Other \_\_\_\_\_

## FAMILY INFORMATION

### Parent/Guardian

Mr. Mrs. Ms. Dr. \_\_\_\_\_

Relationship to Child (circle one)      Father      Mother      Other \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Email \_\_\_\_\_ Home Fax \_\_\_\_\_

Occupation and Title \_\_\_\_\_

Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

### Parent/Guardian

Mr. Mrs. Ms. Dr. \_\_\_\_\_

Relationship to Child (circle one)      Father      Mother      Other \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Email \_\_\_\_\_ Home Fax \_\_\_\_\_

Occupation and Title \_\_\_\_\_

Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Please list other children in the family.

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

# PARENT QUESTIONNAIRE

How did you hear about the York Academy Regional Charter School?

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What are the qualities of the York Academy Regional Charter School that interest you? Why do you think these qualities will be a good match for your family?

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What are your expectations of the York Academy Regional Charter School?

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What are the first words that come to mind to best describe your child?

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Please describe any distinct strengths or areas of difficulty your child faces in academics, social, or extracurricular settings.

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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_