

Student Residency Questionnaire

Dear Student, Parent, or Guardian,


Your responses to these questions will help staff determine what residency documents are necessary to enroll your child or process your change of address. Thank you for your cooperation.

1. Student name: _____ Birth date: _____

Person completing form: _____ Relationship to child: _____

Contact number for person completing this form: _____

2. In what type of setting is the child living now? Check one box below:

Section A	Section B
<input type="checkbox"/> In an emergency or transitional shelter	<input type="checkbox"/> None of the choices in SECTION A apply
<input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason	 <p>If you checked this section, you do not need to complete questions 3 through 6. Please sign and date the form and turn it in.</p>
<input type="checkbox"/> In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations	
<input type="checkbox"/> In a car, park, public space, abandoned building, substandard housing, bus or train stations, or similar settings	
<input type="checkbox"/> Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings	
CONTINUE TO THE QUESTIONS BELOW IF you checked a box in SECTION A.	

3. Is your current address a temporary living arrangement? Yes No

4. Address where the child is now living: _____

5. The child lives with (Check all that apply):

Parent or Legal Guardian Relative Friend or Other Adult Alone Other

Is the address different than that of the person filling out the form? If so, fill in here:

6. Is this temporary living arrangement due to loss of housing or economic hardship?

Yes No

7. Name of the School District of Residence when the loss of housing or hardship was experienced.

If you checked any boxes in Section A please contact the Operations team for information on required documentation. 484-243-0000 or coa@pavcsk12.org

Charter School Student Change of Address Notification Form
For School Year 2020-2021

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: Billing Coordinator
Email Address: coa@pavcs.us
&
Telephone: 484-680-7754 Fax: (866)-700-7140 (fax)

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: PA 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

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: _____ Yes _____ No
(If Yes, Please Provide a Copy of Court Order.)

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 _____ Mortgage _____ Utility _____
Residency _____ Statement _____ Lease _____ Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School Representative: _____

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 Billing Coordinator:

Phone: 484-680-7754
Fax: 866-700-7140
Email: coa@pavcsk12.org

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