

**Infinity Charter School**  
**2018-2019 Enrollment/Registration Form**



Student's Name: \_\_\_\_\_

Grade: (2017-2018) \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
MONTH DAY YEAR

Ethnicity (choose one): Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

Race (choose one or more, regardless of ethnicity):

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African-American \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Resident of: \_\_\_\_\_  
TOWNSHIP OR BOROUGH

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

Current School: \_\_\_\_\_

Please identify any existing IEPs, learning disabilities, health or physical challenges, processing problems or unique learning styles of which our staff should be aware. (This information will **not** be used to screen out your child, but to assist us in obtaining appropriate services.) Use an additional page if necessary. \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby state my intent to enroll my child in the  
PRINTED NAME OF PARENT/GUARDIAN  
Infinity Charter School for the 2018-2019 school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Step-Parent \_\_\_\_\_

**Please return this form to: Suzanne Gausman, Infinity Charter School,  
5405 Locust Lane, Harrisburg, PA 17109 — ph. 717.238.1880**