Infinity Charter School
2026-2027 Enrollment/Registration Form

Student's Name: _____

Current Grade: (2025-2026) _____

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: Mother (cell) _____ Mother (work) _____

Father (cell) _____ Father (work) _____

E-Mail: Mother _____

Father _____

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 2026-2027 school year.

Signature: _____ Date: _____

Father _____ Mother _____ Guardian _____ Step-Parent _____

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