



2019– 2020 Student Application Form

PLEASE MAIL THIS COMPLETED APPLICATION ALONG WITH YOUR STUDENT'S BIRTH CERTIFICATE & PROOF OF RESIDENCY TO

Urban Academy Admissions

437 Turrett Street

Pittsburgh, PA 15206

I. STUDENT INFORMATION

Application for Grade _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Primary Telephone: _____ Secondary Telephone: _____

Date of Birth: _____ Age: _____ Gender: _____

Race: American Indian/Alaskan Native Black/African American Hispanic Asian
 Caucasian/Non Hispanic Multi-Racial Native Hawaiian/Pacific Islander

If your child has a sibling, please provide the following information:

Name: _____ Age: _____ Current School: _____

Name: _____ Age: _____ Current School: _____

Name: _____ Age: _____ Current School: _____

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 Non-public School

Name of Former School: _____

Address of Former School: _____

HOW DID YOU HEAR ABOUT URBAN ACADEMY?

Newspaper Urban Academy Website Advertisement Daycare/Childcare Provider

Friend/Family Word-of-Mouth Other (Please explain) _____



2019– 2020 Student Application Form

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

Complete Parent/Guardian Name and Address Information As Applicable

Parent 1: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____ Email: _____

Parent 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____ Email: _____

If The Student Is NOT Living With Parents, Please Complete This Section.

Guardian Name Foster Parent Name Other Adult

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 non-public school or a private school at the same time he or she is enrolled in this charter school.

Signature of Parent/Guardian: _____ Date: _____

Thank you for your interest in Urban Academy! You will receive confirmation of your application within 2-3 weeks of receipt of your complete application.

TO BE COMPLETED BY CHARTER SCHOOL

Student ID# _____

Verification of Date of Birth: Birth Certificate Other Health Documentation Requirements

Proof of Residency: Mortgage Statement Lease Utility Bill Other PPS Resident Non-PPS Resident

Official Enrollment Date: _____ Anticipated Date of Acceptance: _____ Grade Entering: _____

Signature of Charter School Representative: _____ Verification Letter Mailed: _____