Arise Academy Charter High School

Intent to Enroll Form

Applicant Information

Last Name: _____ First Name: _____DOB: _____

Phone: _____ Cell: _____ SS#: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: (*Last Name*): _____ (*First Name)*: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Person/Agency Assisting you with Application: _____

Address: _____ City: _____ Zip: _____

Signature: _____ *Relationship to Student:* _____ *Date:* _____

Please submit form to:
Jill Welsh Davis

Greater Philadelphia Urban Affairs Coalition
1207 Chestnut Street
Philadelphia, Pennsylvania 19107
215-851-1776
Fax: 215-851-1736