

The South Carolina Public Charter School District does not discriminate on the basis of race, gender, disability, age, religion, immigrant status, or national origin in its educational programs and employment practices. For questions pertaining to Section 504 contact the Director of Special Education Services at (803) 324-4400 and questions pertaining to Title IX contact the Athletic Director at 1047 Golden Gate Ct., Rock Hill, SC 29732, (803) 324-4400.

## **APPLICATION FOR ENROLLMENT**

Please submit one application per applicant

Student Information:			
Name:			
Gender: () Male () Female [	Date of Birth:/	/	
Grade Level 2017-18 School Year:	Current School/District:		
Has the student applying or a sibling attended YP.	A previously? () YES ()N	O Name:	
Student Lives with: () Parent(s) () Guar	rdian () Other:		
Home Address:			
(City)		(State)	(Zip)
Parent/Guardian Information:			
Parent(s)/Guardian Name(s):			
Home Phone:	Parent/ Guardian Cell Pho	one:	
Parent/Guardian Email:			
Grade & Name of Sibling(s) Applying/Currently a	attending YPA		
Name	Grade	Curren	tly attending YPA (Y/N)
Name	Grade	Curren	tly attending YPA (Y/N)
Name	Grade	Curren	tly attending YPA (Y/N)
(Parent Signature) How did you hear about us?	Pofor	rad by	(Date)
now ala you near about us:	Neiei	ica by	
*************	********	*****	******
FOR OFFICE USE ONLY: Date & Time Received:		Received by (Initial):	