

2018-2019

Seven Generations Charter School Student Enrollment Form

Seven Generations Charter School
154 East Minor Street, Emmaus, PA 18049
610-421-8844/Email: Enroll@sevengen.org

WARNING: A child enrolled in another public school or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Student Information (Please print legibly.)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Date Of Birth: _____ Age: _____ Gender: () M () F

Ethnicity: _____

PA Department of Education requires your child's ethnicity for state reporting purposes. This information will not be used for any other purpose. Thank you for your cooperation.

School District of Residence and Former School Information

School District of Residence: _____

Public school your child would attend if not attending Seven Generations: _____

Former School Information:

_____ Public School _____ Charter School _____ Home School _____ Private School _____ Not Applicable _____

Name and city of former school: _____

Previous Grade: _____ Withdrawal date from former school: _____

Does your child receive special education services based on an IEP/IFSP? _____ Yes _____ No

If Yes, Do you have the child's special education records (IEP)? _____ Yes _____ No

Has your child been evaluated/participated in the following services?
504 Plan _____ Yes _____ No

Positive Behavior Support Plan _____ Yes _____ No

English Language Development (ESD) _____ Yes _____ No

Parent/Guardian General Information

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only _____
Legal Guardian _____ Foster Parents _____ Other Adult _____

Special Custodial Court Arrangement:

(If yes, please provide a copy of court order.) _____ Yes _____ No

Special Residency Status: _____ Yes _____ No

(Please complete affidavits available in the office for custodial, special residency and/or guardianship status.)

Parent/Guardian Name and Address Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

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

Signature of Parent/Guardian: _____

Date: _____

To Be Completed By Charter School

Birth Certificate: _____ Other: _____

Proof of Residency _____ Mortgage Statement _____ Lease _____ Utility Bill _____ Other _____

Official enrollment date: _____ Anticipated date of attendance: _____

Grade student is entering: _____ Change of Address: _____

Signature of charter school representative: _____

Please provide Birth Certificate, Proof of address and most recent Immunization Record to complete enrollment form

According to Pennsylvania Law, charter school children are entitled to transportation to charter schools.

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident charter school students.
2. Transportation for charter school students must be provided to and from the charter school in which the student is enrolled, even if the charter school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note this distance may be in excess of 10 miles from student's home)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you think you are eligible for transportation and desire it for the next term, please complete the Request Form below and return it to the school immediately.

Request for Transportation Under Act 372

(Complete a separate form for each child needing bus transportation next school year and return it to the school.)

1. Name of Child	Date of Birth
Male or Female	Grade Entering
2. Address (if rural address, indicate specific location):	

3. Name of Charter School Attending:	SEVEN GENERATIONS CHARTER SCHOOL		
4. Name of Public School District (in which child resides):			
5. Please indicate (A or B):			
A. Student will drive or will be parent transport to and from school, therefore will only require transportation in an emergency situation.			
B. Transportation is required (please circle one):			
	AM only	PM only	AM & PM
Indicate which day(s) transportation is required:			
Monday	Tuesday	Weds	Thursday Friday

<u>Mother's Information</u>	<u>Father's Information</u>
Name (please print):	
Home Phone:	
Cell Phone:	
Work Phone:	

Local Emergency Contact Names & Phone Numbers: (OTHER THAN PARENTS)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Parent(s) Signature:	Date:	