



**2022-2023**

## Seven Generations Charter School Address Change Form

**Please Note: 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: \_\_\_\_\_

Occupancy Date (Move in date): \_\_\_\_\_

### 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.)

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**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:** \_\_\_\_\_

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**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 one of the following forms as Proof of Residency:  
(Bethlehem School District requires 2 forms of identification)**

Current utility bill or service agreement for gas/oil; electric; phone, cable TV

Driver's license and vehicle registration

Deed or signed current property lease; or a notarized statement from parent/guardian indicating the address of residence).

Residency is subject to investigation and verification by the School District.

(Distribute to Parents of Qualifying Students Needing Transportation)

School Name: Seren Generations Charter School School Year: 2022-2023  
School Street Address: 154 E Minor St City: Emmatus State: PA Zip: 18049  
School Phone #: 610-421-8844 School Fax #: 610-421-6239 Email: Sandra.suen@Seringen.org

Dear Parent,

According to Pennsylvania Law, students are entitled to transportation as follows:

- 1. **Charter Schools** – A District must provide transportation for resident public school students who attend charter schools and reside 1.5 miles or more walking distance from home to school for elementary students (Grades K-5) and 2.0 miles or more walking distance from home to school for secondary students (Grades 6-12).
- 2. Students who qualify by walking distance must be provided transportation to and from the non-public school in which the student is enrolled provided the school is not more than 10 miles beyond the district boundaries.

If you think you meet the qualifications and are requesting transportation, please complete the required information below and return this form to your school promptly. Form must be complete and signed by parents. Incomplete forms and forms without signature will not be accepted. The District will review and verify all information and will determine if the student is eligible for transportation.

\*\*\*\*\*DO NOT DETACH THE UPPER PORTION OF FORM\*\*\*\*\*

Date \_\_\_\_\_  
Name of Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_  
Name of public school district in which child resides \_\_\_\_\_

	<u>Mother's Information</u>	<u>Father's Information</u>
Name	_____	_____
Home Phone #	_____	_____
Cell Phone #	_____	_____
Work Phone #	_____	_____
Parent(s) Signature	_____	_____

Emergency Contact Name and Phone Number (other than parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Administration Only

School District Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Verify Miles from School: \_\_\_\_\_ Address Verification: \_\_\_\_\_ Date: \_\_\_\_\_