

# 2016-2017 Seven Generations Charter School Student Enrollment Form

Seven Generations Charter School  
154 East Minor Street  
Emmaus, PA 18049  
610-421-8844

Enrollment Contact: Kim McFarland, Email: kim.mcfarland@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.**

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## 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.*

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## 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: \_\_\_\_\_

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Was your child receiving special education services based on an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Dear Parent,

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

**Mother's Information**

**Father's Information**

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: \_\_\_\_\_