

## 2026-2027 CIRCLE OF SEASONS CHARTER SCHOOL - ADDRESS CHANGE FORM

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

Name of School:	Circle of Seasons Charter School		
Address:	8380 Mohr Lane Fogelsville, PA 18051-1918		
Telephone:	(610) 285-6267 x1003	Email:	enrollment@circleofseasons.org

### STUDENT INFORMATION

Last, First, Middle	
Date of Birth	
Address, City, State, Zip	

### PARENT/GUARDIAN INFORMATION CUSTODY ORDER (CIRCLE ONE): Yes No (If yes- provide a copy of court order.)

Parent Name		
Address, City, State, Zip		
Phone		
Email		

CHILD LIVES WITH (CIRCLE ONE): : Both Parents   Both Parents Alternately   Mother Only   Father Only   Legal Guardian   Foster Parents   Other Adult

### IF CHILD DOES NOT LIVE WITH PARENTS, PLEASE COMPLETE

Guardian Name	
Address, City, State, Zip	
Phone	
Email	

### SCHOOL DISTRICT OF RESIDENCE & FORMER SCHOOL INFORMATION

School District of Residence	
School they would attend	
Move in Date	

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_**

**TO BE COMPLETED BY CIRCLE OF SEASONS ENROLLMENT COORDINATOR**

PROOF OF RESIDENCY #1	Mortgage Deed   Lease   Notarized   CMO Form
PROOF OF RESIDENCY #2	Bill Other _____
OFFICIAL START DATE	
GRADE/HOMEROOM	
SIGNATURE OF COS REPRESENTATIVE	