



200 Church Street  
Landisville, PA 17538

**CHANGE OF ADDRESS/PHONE INFORMATION**

Effective Date: \_\_\_\_\_

Student Name	Date of Birth	Grade	Current School	Student ID

Parent(s)/Guardian(s) Name(s) with Whom Student(s) Lives: \_\_\_\_\_

1. New Address \_\_\_\_\_

\_\_\_ Proof of new residency

2. New Telephone Number (if applicable) \_\_\_\_\_

*Please indicate if the above number is Home Cell Work*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return completed form along with required proof of residency (Deed, Sales Agreement/Disclosure, HSD Tax Bill, or Lease/ Rental Agreement) and Parent/Guardian Photo ID to the District Administration Office. Changes will be made once form is received.

**OFFICE USE**

Parent/Guardian Photo ID Verified

Change in Building/Contacted:  Present School \_\_\_\_\_  Future School \_\_\_\_\_ Date \_\_\_\_\_

Transportation \_\_\_\_\_  Technology \_\_\_\_\_