



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 as indicated above to the District Administration Office.

**OFFICE USE**

Parent/Guardian Photo ID Verified

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

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

