



200 Church Street
Landisville, PA 17538

CHANGE OF ADDRESS/PHONE INFORMATION

Student Name _____

Student Number _____ Grade _____ Homeroom _____ Date _____

Date of Birth _____ School _____

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

1. New Address _____

_____ Proof of new residency is on file (copy of deed, lease, rental agreement or tax bill).

2. New Telephone Number _____

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

Parent/Guardian Signature

***Please return the completed form along with required proof of residency as
Indicated above to the District Administration Office.**