



ANNVILLE-CLEONA SCHOOL DISTRICT

ADDRESS/PARENT CONTACT CHANGE FORM



STUDENT NAME: _____ GRADE: _____

GENDER: MALE FEMALE

DOB: _____

Siblings – please list all school and preschool aged children who are changing their physical address.

<u>First and Last Name</u>	<u>DOB</u>	<u>First and Last Name</u>	<u>DOB</u>
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

EFFECTIVE DATE: _____

NEW ADDRESS: _____

Address	City	State	Zip
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* **1ST PROOF OF RESIDENCY**
Deed, Sales Agreement/Mortgage, Signed Lease/Rental Agreement

* **2ND PROOF OF RESIDENCY**
Utility Bill or proof of signing up for a Utility, Credit Card or Property Tax Bill, Check Stub from Wages, Public Assistance, Social Security

(dates must be within the past 45 days and include name of resident)

If address change is due to separation/divorce is there a custody order? YES NO

Copy provided? YES NO

Contact Information Change: Select **Yes** or **No** to the statement below.

Physical Address Change results in primary contact information changes. YES NO

If **YES**, please update the contact information on the reverse of this page.

If **NO**, please sign and return form to your student’s main office accompanied by 2 proofs of residency.

Through my signature, I grant the Annville-Cleona School District permission to investigate the above information as presented in this document for confirmation and factual accuracy. 24 P.S. § 13-1301 Enrollment of Students

Parent/Guardian Signature

Date

FOR SCHOOL USE ONLY:

Building Secretary Initials

Date

PRIMARY CONTACT: The student MUST reside with this parent/guardian: Full-time Part-time

Contact #1 -Parent/guardian: _____ **Relationship:** _____
First Last

Email _____ **Employer** _____

Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other **Secondary Phone** _____ Cell Home Work Other

Parent/guardian is an active member of a branch of the armed forces Yes No

The student resides with this parent/guardian: Full-time Part-time

Contact #2 -Parent/guardian: _____ **Relationship:** _____
First Last

Email _____ **Employer** _____

Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other **Secondary Phone** _____ Cell Home Work Other

Parent/guardian is an active member of a branch of the armed forces Yes No

The student resides with this parent/guardian: Full-time Part-time N/A

Contact #3 -Parent/guardian: _____ **Relationship:** _____
First Last

Email _____ **Employer** _____

Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other **Secondary Phone** _____ Cell Home Work Other

Parent/guardian is an active member of a branch of the armed forces Yes No N/A

Contact #4 -Parent/guardian: _____ **Relationship:** _____
First Last

Email _____ **Employer** _____

Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other **Secondary Phone** _____ Cell Home Work Other

Parent/guardian is an active member of a branch of the armed forces Yes No N/A

Contact #5: _____ **Relationship:** _____
First Last

Email _____ **Employer** _____

Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other **Secondary Phone** _____ Cell Home Work Other

Contact #6: _____ **Relationship:** _____
First Last

Email _____ **Employer** _____

Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other **Secondary Phone** _____ Cell Home Work Other