

ADDRESS/INFORMATION CHANGE REQUEST

Please complete and submit this form to

Conrad Weiser Area School District

44 Big Spring Road

Robesonia, PA 19551

Student _____ Building _____ Grade _____

(Last)

(First)

Student _____ Building _____ Grade _____

(Last)

(First)

Student _____ Building _____ Grade _____

(Last)

(First)

Previous Home Address _____

Street Address

City

Zip Code

NEW ADDRESS _____

Street Address

City

Zip Code

Parent's Name _____

Phone # (Home) _____ Phone # (Work) _____ Phone # (Cell) _____

E-mail _____

Starting date _____

PLEASE NOTE ANY CHANGE OF ADDRESS WILL REQUIRE TWO PROOF OF RESIDENCY AT NEW ADDRESS.

Proof of Residency can be a copy of a utility bill, lease, bank

I understand that address changes cannot be made without the proof of residency. In addition, any change in transportation will require a minimum of two days notice to transportation and a transportation request form completed and submitted to transportation.

Parent/Guardian Name _____
(print)

Parent Signature/Guardian _____ Date _____

CHANGE OF INFORMATION NOTICE

Office use only:

Date received _____ Reviewed By: _____

Action Taken:

- Approved Proof of Residency Attached

- Denied

- Further Information needed _____

- Parent Contacted Date _____ Initial _____