

# Weatherly Area School District Student Change of Address Form

Copy to:  Child Accounting  
 Guidance Counselor  
 Nurse  
 Transportation

DATE OF CHANGE \_\_\_\_\_  
(first day of new change)

STUDENT'S NAME \_\_\_\_\_

STUDENT'S ID # \_\_\_\_\_ GRADE \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_  
\_\_\_\_\_

STUDENT MOVE \_\_\_\_\_ FAMILY MOVE \_\_\_\_\_ STUDENT/PARENT MOVE \_\_\_\_\_

PARENT(S)/GUARDIAN(S)  
NAME(S) with Whom Student Lives: \_\_\_\_\_

\*NEW ADDRESS \_\_\_\_\_  
\*New proof of residency must be provided

NEW PHONE NUMBER \_\_\_\_\_  
(Please indicate if the above number is Home, Cell, or Work)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING PRINCIPAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Office Use Only:

\_\_\_\_\_  
(Initials of staff) Proof of new residency is on file

|       |        |      |              |
|-------|--------|------|--------------|
| Bus # | Stop # | Run# | Pick Up Time |
|-------|--------|------|--------------|