



The School District of Haverford Township

# Change of Information Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last) (First) (Middle)

**Current School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ Sex: M  F

**Student's New Address\*:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
\_\_\_\_\_

*Student's Previous Address:* \_\_\_\_\_

**\* Two (2) proofs of residency must be presented at the Central Registration Office when an address change is submitted.**

Parent1 /GuardianName: \_\_\_\_\_

**New Address:** \_\_\_\_\_ Parent1 Phone1: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_ Parent1 Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent2 /Guardian Name: \_\_\_\_\_

**New Address:** \_\_\_\_\_ Parent2 Phone1: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_ Parent2 Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Names of Siblings in District                      School                      Grade                      Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_  
(If Parent/Guardian is not available)

Emergency Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_  
(If Parent/Guardian is not available)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The School District of Haverford Township has an automated dialing system. The amount of numbers called will increase based on the urgency of the situation. Please list up to 6 numbers you would like entered.

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_ 6 \_\_\_\_\_

For Office Use Only:

\_\_\_\_\_ Deed \_\_\_\_\_ Lease \_\_\_\_\_ Taxes \_\_\_\_\_ Utility \_\_\_\_\_ MO/SA \_\_\_\_\_ Signature \_\_\_\_\_ Date Completed