WILLIAM PENN SCHOOL DISTRICT
CHANGE OF ADDRESS OF RESIDENT STUDENT

_____
DATE

For Registration Office Use Only — Applicants, Please do not write in this area

STUDENT NAME: _____ Male/Female (CIRCLE ONE)
(FIRST) (MIDDLE) (LAST)

Approved By: _____ Date: _____ Bus # _____

ID NO # _____ Special Ed Y / N ESL_____ M/O _____ Foster _____ Homeless _____

To School_____ Assigned Placement Yes / No Grade _____

School Student was in _____

PLEASE PRINT INFORMATION BELOW

PRESENT ADDRESS _____ _____ _____ _____ _____
Number **Street Name** **Apt #** **City** **Zip** **Phone #**

PREVIOUS ADDRESS _____

PARENT/GUARDIAN NAME AND ADDRESS

MOTHER _____
FIRST **MAIDEN** **LAST**

FATHER _____
FIRST **MIDDLE** **LAST**

PARENT/GUARDIAN SIGN HERE X_____

Resident
Owner / Lessee _____ **Phone** _____

Landlord , if leased _____ **Phone** _____

Mortgage Co. _____ **How long lived at this address** _____

Deed Vol./Page or Mortgage No _____ **Date of Lease (Renting)** _____

Refer to two documents which is current and bears the present address.

Auto Tag No _____ **Driver's License/PA ID No** _____ **Exp. Date** _____

Utility _____ **Acct. No.** _____ **Pay Stub attached Y / N**

Access No. (Parent) _____ **Utility** _____ **Acct. No.** _____

Number of Siblings attending School _____ **Please list names on back of form**

Employment: Office Phone No: _____ **Office Phone No:** _____
Mother **Father:**
Company/Address **Company/Address**

All information regarding proof of residency is complete and correct to the best of my knowledge. I understand that false information will result in the immediate removal of the student and will make me personally liable for the annual tuition rate.

Property Owner or Lessee Sign Here X _____

List Names of all school age siblings residing at your current address

Name (First Last)	M / F	Birth Date	School attending	Grade