



MILLCREEK TOWNSHIP SCHOOL DISTRICT

3740 West 26th Street Erie, PA 16506

Phone: 814-835-5312

Fax: 814-835-5308

Change of Address

Notification to Registration

Completed by School Staff or Parent/Guardian

Version 19

10-21-19

ONE FORM PER HOUSEHOLD

PARENT TO COMPLETE:

- Change of Address form
- New MTSD Household Form
- Residency Affidavit (NOTARIZED) only if living with another Millcreek resident.

PARENT TO PROVIDE PROOF OF RESIDENCY IN MILLCREEK: three (3) documents with the same address:

- Proof of ID: Valid PA Driver's License with Address Update Card or PA Identification Card or Military Photo ID

AND

- Public Utility Bill: Penelec, National Fuel or Water/Sewer Bill

AND

- Renters: Lease Agreement (signed and dated by landlord and tenant)

OR

- Home Owners: Property or School Tax Bill, Deed, or Closing Disclosure Statement

*****We cannot accept bank or mortgage loan statements, phone bills, credit card bills or temporary driver's licenses*****

Note: Transportation will notify you of the new bus information (pick up/drop off times and bus stop). The school will also be notified.

STUDENT INFORMATION – List all students in household moving to new address:

| | | |
|--------------------------|----------------------------|--|
| Student Legal Last Name: | Student's Full First Name: | Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Learning Support, <input type="checkbox"/> Emotional Support, <input type="checkbox"/> Life Skills, <input type="checkbox"/> Autistic Support <input type="checkbox"/> Gifted, <input type="checkbox"/> Other: _____ |
| Current School/Grade: | Student ID#: | |
| Student Legal Last Name: | Student's Full First Name: | Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Learning Support, <input type="checkbox"/> Emotional Support, <input type="checkbox"/> Life Skills, <input type="checkbox"/> Autistic Support <input type="checkbox"/> Gifted, <input type="checkbox"/> Other: _____ |
| Current School/Grade: | Student ID#: | |
| Student Legal Last Name: | Student's Full First Name: | Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Learning Support, <input type="checkbox"/> Emotional Support, <input type="checkbox"/> Life Skills, <input type="checkbox"/> Autistic Support <input type="checkbox"/> Gifted, <input type="checkbox"/> Other: _____ |
| Current School/Grade: | Student ID#: | |

PRIMARY ADDRESS INFORMATION:

| | |
|---|--|
| Parent/Guardian First and Last Name: | Primary Phone #: |
| Old Address: | End Date of Old Address: ____/____/____ |
| New Address: _____ City/St/Zip: _____ | Begin Date of New Address: ____/____/____ |
| Request Date For Transportation Change to Begin: ____/____/____ | Is there a custody or court order pertaining to any of the above students? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which students: _____ |
| Parent Signature: _____ Today's Date: ____/____/____ | |

***** REGISTRATION OFFICE USE*****

Change of School for this student? Yes: _____ No: _____

From this School: _____ on this date: _____ To this School: _____ on this date: _____

Comments: _____

Registration Office Signature: _____ All Changes Entered into I.C.: ____/____/____ Done