



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:	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 Name: _____	
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

Original to: School/Student Perm

Copy to: Central Registration and Pupil Services