



UPPER ADAMS SCHOOL DISTRICT
161 North Main Street
Biglerville, PA 17307
717-677-7191
www.upperadams.org

Change of Address Form

Student Information: (List all students affected by the change of address)

Name of Student(s)	DOB	Grade	School			
			BES	UAIS	UAMS	BHS

New Physical Address Information (Documentation required, see listing on reverse side):

Apt. #	Street #	Street Name	City	State	Zip Code

New Mailing Address Information (if different from Physical Address):

Apt. #	Street #	Street Name/PO Box	City	State	Zip Code

Parent(s)/Guardian(s) Information:

Is there an existing Custody/Guardianship Order? _____
Does the District have the most recent Custody Order? _____

Name	DOB	Relationship	Phone #	Email	Work #

Name	DOB	Relationship	Phone #	Email	Work #

Residency Proofs: When there is a change in address within the district, parents/guardians must present a new proof of residency.

Please continue on reverse side

Proof of Residency Requirements

One of the following documents in the parent/guardian's name must be attached.

	Fully executed current residential lease
	Mortgage settlement document(s)
	Recorded Deed
	School property tax bill for the current or immediately preceding year
	Valid PA driver's license/ID Card with updated address
	Valid PA automobile registration with updated address
	Signed income tax return filed for the current or immediately preceding year with updated address
	Check Stub from wages, public assistance or social security issued with the last 30 days with updated address
	Current PA Local Earned Income Tax Residency Certification Form with updated address

Transportation:

Does this require a change in transportation? (circle one) Yes No

Effective Date of Change: _____

Location for Student Pick Up (am): _____

Location of Student Drop Off (pm): _____

Student records will be updated, and transportation will be arranged within 3-5 school days after receipt of all requested documentation.

_____ I authorize UASD to investigate the above information for confirmation and accuracy.

_____ I verify that the information contained in this change of address is true and correct to the best of my knowledge, information and belief. I understand should it be determined that enrollment was not based on true statements of fact, either now or in the future, I shall then be liable to reimburse the school district at the annual tuition rate for illegal attendance in the UASD.

_____ Date: _____
Parent/Guardian Signature

_____ Phone Number
Parent Email Address

_____ Date: _____
Parent/Guardian Signature

_____ Phone Number
Parent Email Address

.....

Office Use Only:

Date Received: _____

Information Received by: _____

BES UAIS UAMS BHS

_____ Scan & Email to Transportation

_____ Scan & Email to Building (circle buildings emailed)

BES UAIS UAMS BHS

_____ Scan & Email to Business Office – Food Services Coordinator