



Catasauqua Area School District

"Dedicated to Educational Excellence"

201 North 14th Street – Catasauqua, PA 18032

TELE: 610-264-5571 – FAX: 610-264-5618

CHANGE OF ADDRESS FORM

STUDENT NAME _____ GRADE _____
BUILDING SHECKLER CMS CHS LCTI OUT PLACEMENT

STUDENT NAME _____ GRADE _____
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(PLEASE LIST ADDITIONAL STUDENT NAMES ON REVERSE SIDE OF THIS FORM)

PROOF OF RESIDENCY/MOVING REQUIREMENTS:

- Own – Property Deed, Settlement Papers or Lehigh or Northampton County Tax Bill
- Rent – Lease Agreement
- Moving Permit Required (except for under the age of 18)

PLUS TWO (2) OF THE FOLLOWING:

- Current Utility Bill/Letter
- Pay Stub or Government Check
- Current Bank Statement
- Vehicle Registration

****Please also have your driver's license or photo ID ready for proper identification****

PARENT/GUARDIAN INFORMATION

<u>Name of Custodial Parent(s)/Guardian(s)</u>	<u>Relationship</u>
_____	_____
_____	_____

<u>Name of Non-Custodial Parent(s)/Guardian(s)</u>	<u>Relationship</u>
_____	_____
_____	_____

CHANGE OF ADDRESS INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> <u>Custodial Parent/Guardian</u> | <input type="checkbox"/> <u>Non-Custodial Parent</u> |
|---|--|

<u>PREVIOUS ADDRESS</u>	<u>NEW/CURRENT ADDRESS</u>
_____	_____
_____	_____

Home Telephone # _____ CHANGE/NEW YES NO

Work Telephone # (if applicable) _____ CHANGE/NEW YES NO

Cell Phone # (if applicable) _____ CHANGE/NEW YES NO

E-Mail Address (if applicable) _____

Printed Name _____ Date _____

Signature _____