

BERMUDIAN SPRINGS SCHOOL DISTRICT



CHANGE OF ADDRESS FORM

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

(Physical Address of New Residence) (City) (State) (Zip Code)

(Mailing Address of New Residence-if different from above) (City) (State) (Zip Code)

Municipality: \_\_\_\_\_ New Home Telephone Number: \_\_\_\_\_

Is this address change due to change of custody? Yes or No
If you answered yes, which parent is the change of address for? \_\_\_\_\_

If yes, is this a permanent or temporary arrangement? \_\_\_\_\_

Will busing be the same? \_\_\_\_\_

(Parent/Guardian Signature)

(Date)

(Mailing Address of Old Residence) (City) (State) (Zip Code)

PROOF OF RESIDENCY - Please provide one of the following

- Deed or lease  Current utility bill - less than three months old (cell phone is not a utility)
 Current property tax bill  Vehicle Registration

SCHOOL OFFICE USE ONLY

Date Proof of Residency Provided: \_\_\_\_\_ Sapphire Update: \_\_\_\_\_ Initials: \_\_\_\_\_

Student Transportation Form completed \_\_\_\_\_ Copy to School Nurse \_\_\_\_\_

You may return this form in person, send it to school with your child or submit via mail or fax to:

MAIL with proof of residency to:
Bermudian Springs (name of your child's building)
7335 Carlisle Pike
York Springs, PA 17372

FAX with proof of residency to:
ELEMENTARY SCHOOL - 717.528.4007
MIDDLE SCHOOL - 717.528.0034
HIGH SCHOOL - 717.528.4149