CHANGE OF STUDENT INFORMATION
PICKERINGTON LOCAL SCHOOLS / PETERMANN TRANSPORTATION

Use this form to update your student's address for district residency and bus transportation purposes. Submit this form and its supporting documentation to Welcome Center, 130 Hill Road S, Suite 102, Pickerington, OH 43147. Contact the Welcome Center at phone: 614-920-6180, fax: 614-835-2088, email: welcome_center@plsd.us

PROOF OF ADDRESS REQUIRED:

Signed settlement statement, mortgage statement, or signed lease, AND electric or gas bill.
State issued photo identification must be updated and provided.

PLEASE PRINT					OFFICE USE ONLY	
Student Name	**Student ID**	**Current Grade**	**Current School**	**IEP?**	**Current or New School**	**OE?**

Has there been a CHANGE IN CUSTODY STATUS? _____ No _____ Yes *If yes, please provide current custody document.*

If applicable are both legal guardians leaving the previous address: _____ No _____ Yes _____ N/A

Previous Address: _____City: _____ Zip: _____

New Address: _____City: _____ Zip: _____

_____ Purchase _____ Rent _____ Sharing a Residence (Shared Residency Affidavit Required)

Parent/ Guardian 1:	Name:						Parent/ Guardian 2:	Name:					
	Phone #:							Phone #:					
This parent is relocating:			Yes		No		This parent is relocating:			Yes		No	

By signing this form, the parent/guardian solemnly affirms the following: 1) I am the legal custodial or legal guardian of the above child(ren); and 2) I am changing my residence within the Pickerington Schools boundaries.

(Ohio Revised Code 3313.64 states that a student is entitled to receive his/her tuition-free, public-school education in the district in which his/her residential, custodial parent resides. Therefore, I acknowledge and understand that if the above information is found to be false, and I have moved outside of the district boundaries, submission of this signed information / address change constitutes criminal falsification.)

*Further, I understand, as constituted by Ohio school attendance laws, if I move out of the district at any time after enrollment, I am obligated to **withdraw** my child(ren) from Pickerington Schools. If I fail to notify the school that I have moved from the district, and fail to initiate the withdrawal process, I understand that I may be held financially responsible for tuition charges backdated to the date I moved from the district.*

I agree and attest by my signature that Pickerington Schools shall have the right, at any time they deem necessary, to investigate my residency. I hereby allow the release of rental information, realtor records, as well as utility customer information to a representative of the Pickerington Local School District. *(Revised: 9/6/17)*

_____ _____
Signature of Parent/Guardian Today's Date

Submit to: PLSD Welcome Center
130 Hill Road S. – Suite 102
Pickerington OH 43147
Phone: 614-920-6180 / Fax: 614-835-2088