



CHANGE OF ADDRESS
Pleasant Valley School District
Registration Department
2233 Route 115, Suite 100
Phone: 570-402-1000 ext. 8010
Fax: 570-992-1902



Household Members	Student	Parent/ Guardian	Grade

NEW ADDRESS INFORMATION:

New Mailing Address: _____

Physical Address (if different from mailing): _____

2 PROOFS OF RESIDENCY REQUIRED:

____ Mortgage Statement/Tax Bill or Lease/Landlord Affidavit/Residency Affidavit **AND** ____ Utility Bill

NOTE: Proof of residence, as per Board Policy 201-AR-0, is required to substantiate any new address. Transportation arrangements cannot be changed for a new address more than (2) days prior to moving. No transportation can be provided, to or from the new address until all the above items are complete and this form along with photo id has been received in the registration office.

TRANSPORTATION INFORMATION:

Pick Up: Home or Daycare/Sitter

Daycare/Sitter's Name: _____ Phone #: _____

Daycare/Sitter's Address: _____

Drop Off: Home or Daycare/Sitter

Daycare/Sitter's Name: _____ Phone #: _____

Daycare/Sitter's Address: _____

Is there a secondary parent/guardian household? ☐ Yes ☐ No

Is transportation needed to secondary household? ☐ Yes ☐ No

If yes, please provide name/address of secondary household: _____

I UNDERSTAND THAT THE CHANGE OF ADDRESS AND NEW TRANSPORTATION WILL TAKE 72 HOURS TO GO INTO EFFECT:

Print Parent/Guardian's Name: _____ Today's Date: _____

Signature of Parent/Guardian: _____

Parent/Guardian's Phone # _____ Received by: _____