Shanksville – Stonycreek School District Address Change Form

This form is used to update your family's address and contact information in school records. Please complete one form per household and attach proof of new residence.

STUDENT INFORMATION

Student's Full Name: _____
Grade: _____ **Teacher/Homeroom:** _____
School Name: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____
Phone Number: _____ **Email:** _____

Parent/Guardian 2 Name (if applicable): _____
Phone Number: _____ **Email:** _____

NEW ADDRESS INFORMATION

New Street Address: _____
City: _____ **State:** _____ **ZIP Code:** _____
Date of Move: _____

☐ *This is also my mailing address*
☐ *Mailing address is different (complete below)*

Mailing Address (if different): _____

Student Lives With:

☐ *Both Parents* ☐ *Mother* ☐ *Father* ☐ *Guardian*

☐ *Copy of Custody Papers (if applicable)*

Emergency Contact Information

Name	Relationship	Phone #
Name	Relationship	Phone #

PROOF OF RESIDENCE (Required)

Attach one of the following documents showing parent/guardian name and new address.

☐ Lease or mortgage statement
☐ Utility bill (gas, electric, or water)
☐ New Driver's license
☐ Other (specify): _____

TRANSPORTATION CHANGE NEEDED?

☐ Yes ☐ No

If *Yes*, please describe:

Second Report Card Needed?

☐ Yes ☐ No

To Who and Where?

PARENT/GUARDIAN CERTIFICATION

I certify that the information provided above is true and correct. I understand that providing false information may result in disciplinary or legal action.

Parent/Guardian Signature: _____
Date: _____

If your child's information changes (such as address, phone number, or emergency contacts), please let the school know as soon as possible.

FOR OFFICE USE ONLY

Received by: _____ **Date:** _____
Proof of Residence Verified: ☐ Yes ☐ No
Transportation Updated: ☐ Yes ☐ No
Student Record Updated in System: ☐ Yes ☐ No
Notes: