

**SHAMOKIN AREA SCHOOL DISTRICT  
CHANGE OF ADDRESS FORM**

**Effective Date of Change** \_\_\_\_\_

<b>STUDENT NAME</b>			
LAST	FIRST	MIDDLE INITIAL	GRADE
<b>NEW ADDRESS</b> – Street, Box Number			
City, Township, State, Zip Code			
If rural, give location – East Cameron, Shamokin Township, etc.			
<b>NEW HOME PHONE NUMBER</b>		<b>NEW CELL PHONE NUMBER</b>	
<b>NUMBER FOR ALERT NOW</b>			
Old Address – Street, Box Number			
City, Township, State, Zip Code			
Old Home Phone Number – If applicable		Old Cell Phone Number – If applicable	

**Other children grades K4 – 12 at same address – Use back of sheet if necessary**

Sibling	Grade	
Sibling	Grade	
Sibling	Grade	
Change requested by: <b><u>Print</u> Parent or Guardian's Name</b>		Relationship
Parent or Guardian Signature		Date
<b>Custody Information – If applicable</b>		

**BUSSING INFORMATION**

Do you need a new bus pass	Bussed to other than home
<b>Other important information</b>	Name
	Address
	Phone Number

**FOR PERSONNEL USE ONLY**

Employee Initials: \_\_\_\_\_ Cc: Transportation \_\_\_\_\_

Change entered into system by: \_\_\_\_\_ Date change entered into system \_\_\_\_\_

**Additional siblings continued**

Sibling	Grade
Sibling	Grade
Sibling	Grade
Sibling	Grade
Sibling	Grade
Sibling	Grade

**Elem TMS Revised June 15, 2011**