

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

Date \_\_\_\_\_

<b>STUDENT NAME</b>			
LAST	FIRST	MIDDLE INITIAL	GRADE
NEW ADDRESS – Street, Box Number			
City, Township, State, Zip Code			
If rural, give location – East Cameron, Shamokin Township, etc.			
NEW HOME PHONE NUMBER		NEW CELL PHONE NUMBER	
NUMBER FOR ALERT NOW			
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: <u>Print</u> Parent or Guardian's Name	Relationship
Parent or Guardian Signature	Effective Date of Change
Custody Information – If applicable	

**BUSSING INFORMATION**

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

**FOR PERSONNEL USE ONLY**

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

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