

**MONTOURSVILLE AREA SCHOOL DISTRICT**

**CHANGE OF ADDRESS FORM**

**QUESTIONS: 368-2491 Ext 1**

Parent/Guardian \_\_\_\_\_

Effective Date of Change \_\_\_\_\_ (1<sup>st</sup> date at new address)

Student Name	School LV, Lyter, MS, HS	Grade	Bus AM (yes or no)	Bus PM (yes or no)	Walk or provide own transportation

\* Special Instructions: \_\_\_\_\_

**Must show proof of residency for new address:**

copy of deed,  lease,  landlord statement,  utility statement  other \_\_\_\_\_

**New** Home Address \_\_\_\_\_

City  Williamsport  Montoursville  Other \_\_\_\_\_

**New** Phone number (If applicable) \_\_\_\_\_

Nearest intersection: \_\_\_\_\_

Comments: (babysitter's, daycare) \_\_\_\_\_

**Previous** Home Address \_\_\_\_\_

City  Williamsport  Montoursville  Other \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form within seven days of receipt.

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**COMPLETED BY TRANSPORTATION DATA ENTRY:**

New AM Bus Number \_\_\_\_\_ AM Stop Number \_\_\_\_\_ Start Date \_\_\_\_\_

New PM Bus Number \_\_\_\_\_ PM Stop Number \_\_\_\_\_

If New Stop: Check AM \_\_\_\_\_ PM \_\_\_\_\_

If Hazardous Route: Check \_\_\_\_\_

Update Complete \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_