

For District Use Only	
PA Secure ID#	<input type="text"/>
Student #	<input type="text"/>
Homeroom #	<input type="text"/>

MARPLE NEWTOWN



SCHOOL DISTRICT

Address Change Form

Date _____

Student Legal Name:		Gender		Birth Certificate # & State	
Middle Name:		Birthdate:		Passport #	
Last Name:		Grade:		Ethnicity	
Preferred Name:		Date of Entry		Language Spoken at Home	

Address:		Living with:	
Apartment#/Complex		Parent/Guardian Full Name:	
City/State/Zip		Residence Phone:	
Email Address:		Work Phone:	
Preschool/School Last Attended:		Parent /Guardian #2 Full Name:	
Address		Address (if different)	
		Phone:	

Brothers/Sisters:

Name:	Gender	Birthdate:
Name:	Gender	Birthdate:
Name:	Gender	Birthdate:
Name:	Gender	Birthdate:

I do hereby declare that I am a resident of the Marple Newtown School District and reside at the above address.

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- | | |
|---|---|
| <input type="checkbox"/> Deed | Curriculum |
| <input type="checkbox"/> Lease | Grade |
| <input type="checkbox"/> Multiple Occupancy | Building |
| <input type="checkbox"/> Other Proof of Residency | <input type="checkbox"/> Transcripts received |
| <input type="checkbox"/> Affidavit Needed | <input type="checkbox"/> IEP Needed |
| <input type="checkbox"/> Custody Agreement | <input type="checkbox"/> Emergency Cards |
| <input type="checkbox"/> Restraining Order | <input type="checkbox"/> Immunizations |

Parent/Guardian Signature _____

Date _____