



Dallastown Area School District

700 New School Lane
 Dallastown, Pennsylvania 17313-9242
 (717) 244-4021 ext. 4294 Telephone
www.dallastown.net

Central Registration

Change of Address Form

Student Information: (List all students affected by the change of address)

Name of Child	DOB	Grade	School

New Address Information: Owner Leasing (Signed Lease Agreement Required)

Apt. #	Street #	Street Name	Town	State	Zip Code
				PA	

Old Address Information:

Apt. #	Street #	Street Name	Town	State	Zip Code
				PA	

Parent(s)/Guardian(s) Information: Is there an existing Custody Order? _____

Name:	DOB	Relationship	Phone #	Email	Work #

Name:	DOB	Relationship	Phone #	Email	Work #

Reason for address change:

_____ Move _____ Divorce/Separation _____ Eviction _____ Financial Hardship

_____ Other: _____

Residency Proofs: When there is a change of address within the district, parents/guardians must present *two* new [residency proofs](#).

_____ - [PA Driver's License/Non-Driver ID](#) – must be valid and updated to current address (within 15 days of move; PA DOT receipt of change may be sufficient)

AND

_____ - **New Home Owner/Buyer** – mortgage statement/deed, settlement sheet, home owner's ins. policy

_____ - **Tenant** – Valid, current, signed lease; renter's insurance policy

Supporting documents reflecting new address can be:

____ Utility set up, ____ bank statement, ____ credit card bill, ____ vehicle insurance

_____ - **Occupant** -

1. Obtain and complete a [Shared Residency Affidavit](#) from the district enrollment web site or school office; **and**
2. Plan to have the Shared Residence form notarized or call the Central Registration office at 717-244-4021 to schedule an appointment with the district notary during regular office hours (free service).

Shared Residency affidavit will require:

1. Two proofs of residency from the **owner/leaseholder** of the new address; **and**
2. Owner/leaseholder's notarized signature on the Shared Residency affidavit.

Student records will be updated, **and transportation** will be arranged **after** receipt of all requested documentation.

_____ I authorize Dallastown School District to investigate the above information for confirmation and accuracy.

_____ I verify that the information contained in this change of address is true and correct to the best of my knowledge, information and belief. I understand should it be determined that enrollment was not based on true statements of fact, either now or in the future, I shall then be liable to reimburse the school district at the [annual tuition](#) rate for illegal attendance in the Dallastown Area School District.

1. _____ Date: _____
Parent/Guardian (1) signature

2. _____ Date: _____
Parent/Guardian (2) signature