Conrad Weiser Area School District

ADDRESS/INFORMATION CHANGE REQUEST

Please complete and submit this form to
Conrad Weiser West Elementary School
102 S 3rd Street
Womelsdorf, PA 19567

Student_____ _____Building_____Grade_____
(Last) **(First)**
Student_____ _____Building_____Grade_____
(Last) **(First)**
Student_____ _____Building_____Grade_____
(Last) **(First)**

Previous Home Address_____
Street Address **City** **Zip Code**

NEW ADDRESS_____
Street Address **City** **Zip Code**

Parent's Name _____

Phone # (Home)_____ **Phone # (Work)**_____ **Phone # (Cell)**_____

E-mail_____

Starting date_____

PLEASE NOTE ANY CHANGE OF ADDRESS WILL REQUIRE TWO PROOF OF RESIDENCY AT NEW ADDRESS.

Proof of Residency can be a copy of a utility bill, lease, bank statement, etc

I understand that address changes cannot be made without the proof of residency. In addition, any change in transportation will require a minimum of two days notice to transportation and a transportation request form completed and submitted to transportation.

Parent/Guardian Name_____
(print)

Parent Signature/Guardian _____ **Date** _____

CHANGE OF INFORMATION NOTICE

Office use only:

Date received _____**Reviewed By:** _____
Action Taken:

☐ **Approved** **Proof of Residency Attached**

☐ **Denied**

☐ **Further Information needed**_____

☐ **Parent Contacted** **Date** _____**Initial**_____