

MONTOURSVILLE AREA SCHOOL DISTRICT

CHANGE OF ADDRESS FORM

QUESTIONS: 368-2491 Ext 6100

Parent/Guardian _____

Effective Date of Change _____ (1st 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 |
|---------------------|---------------------------------------|--------------|------------------------------|------------------------------|---|
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* 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 _____

Nearest intersection: _____

Comments: (babysitter's, daycare) _____

Previous Home Address _____

City Williamsport Montoursville Other _____

Signature _____

Date _____

Please return this form within seven days of receipt.

COMPLETED BY TRANSPORTATION DATA ENTRY:

Previous AM Bus Number _____ AM Stop Number _____ End Date _____

Previous PM Bus Number _____ PM Stop Number _____

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 _____