

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

* 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 _____