SCHUYLKILL VALLEY SCHOOL DISTRICT

| | Student Change | OT Addres | 2 | | | | | | |
|--|---|---------------------------------------|----------------------------------|---|--|--|--|--|--|
| | State of tarige | oj man es. | | For office use only | | | | | |
| Student Name | DOB | Gra | .de | Student ID # | | | | | |
| Student Name | DOB | Gra | ide | Student ID # | | | | | |
| Student Name | DOB | Gra | nde | Student ID # | | | | | |
| Student Name | DOB | Gra | nde | Student ID # | | | | | |
| PARENT NAME: | | | | | | | | | |
| NEW ADDRESS | | PREV | IOUS ADDRE | <u>SS</u> | | | | | |
| | _ _ | | | | | | | | |
| HOME PHONE NUMBER: | | | | | | | | | |
| CELL PHONE NUMBER: | | _ FATHER | MOTHER | STUDENT | | | | | |
| CELL PHONE NUMBER: | | | MOTHER | STUDENT | | | | | |
| CELL PHONE NUMBER: | | | MOTHER | STUDENT | | | | | |
| | | | orribit | STOBBITT | | | | | |
| PROOF OF RESIDENCY | | | | | | | | | |
| Under the authority of Section requested to submit two (2) or residency of a regular resident of residency must be submitte | r more of the following , multiple occupancy | g. These doo resident, an | uments will be d custodial re | e used to verify the sident. This proof | | | | | |
| Agreement of sale or le | ase | Drive | er's license | | | | | | |
| Property deed | | | T. identificatio | n card | | | | | |
| Voter registration card | | | insurance car | | | | | | |
| Statement of home own | | | Vehicle registration card | | | | | | |
| Letter from employer (i | f not self-employed) | Current bill or receipts showing | | | | | | | |
| IRS forms or statement | ts | physical address | | | | | | | |
| Property tax bill or rece | eipt | Utility service "turn on" statement | | | | | | | |
| Bank statement | | Notarized district resident statement | | | | | | | |
| Court Order | | ACP (Address Confidentiality Program) | | | | | | | |
| USPS change address | form | | | | | | | | |
| The above checked items have | e been presented to m | e as accepta | ble proof of re | sidence. | | | | | |
| | | | | - | | | | | |
| Signature of Stı | ıdent Registrar | | Date | | | | | | |

SL:smd

Revised: ajk 3/10/14

SCHUYLKILL VALLEY SCHOOL DISTRICT

929 Lakeshore Drive Leesport, PA 19533-8632

DISTRICT CENSUS

Name of District Resident(s)

Previous Address if in district:

| House Number Street/Road PO Box # if Applicable | City State Zip | If you have questions on filling out the survey please call: 610-916-5446 | |
|---|------------------|---|--|
| Address | City State / Zip | **Mailing address if different from above** | |

| | | | | SEX |
|----------------------|-----------|------------|---|-----|
| ADULTS | LAST NAME | FIRST NAME | Σ | M |
| | | | | |
| All Adults Living in | | | | |
| lousehold | | | | |

| | | | | | | NONE | | | | | | | | | | | |
|-----------|----------------------|-----------|--|--|-----------------------------|---|------|--------------------|---------------------|----------------|--|--------|--|--|-------------|---|---|
| | | | | | NAIME OF SCHOOL (CHECK ONE) | SVES SVMS SVHS Other School (List Name) | | | | | | | | | 「 | (2) (株式の) (株式 | こうしょう アンドラ アンドラ アンドラ アンドラ アンドラ アンドラ アンドラ アンドラ |
| | | | | | DATE OF BIRTH | MM/DD/YYYY | | | | | | | | | 大学 からの おおおり | | |
| 4 | | | | | SEX | ш | | | | | | を見ります。 | | | | | |
| Σ | | | | | | Σ | | | | | | | | | | | |
| | | | | | | FIRST NAME MI | | | | | | | | 17日本の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の | | | |
| LAST NAME | | | | | | LAST NAME | | からない 一種があって いっぱん い | | マモ 第一緒のでは対すの無い | | | | | | | |
| ADULTS | All Adults Living in | Household | | | | MINORS | 4+:0 | through Grade 12 | till ough of age 15 | | | | | | | | |