

CHANGE OF ADDRESS FORM

NEW HOPE-SOLEBURY SCHOOL DISTRICT
CENTRAL REGISTRATION OFFICE
186 W. Bridge Street New Hope, PA 18938
Email: DAquilino@nhsd.org
Phone: 215-862-5372 / Fax: 215-862-2906

OFFICE NOTES School IEP
 Nurse Custody Agreement
 Transportation Sapphire
 Other _____
Initials / Date _____

Needed to Update the System and Transportation:

1. This completed form
2. Current deed or notarized lease
3. Updated Custody Agreement, if applicable

Needed within 30 days:

1. Updated parent/guardian state ID or license change of address card with new address
2. Current utility bill (gas, water, or electric) showing name, date, and new address
3. One other proof of residency (showing name, date, and new address) that can be: insurance statement, additional utility bill, vehicle registration, tax/bank/credit card statement, or voter registration

Please submit the required items to: registration@nhsd.org

Student Name	NHSD School	Grade	Does student have an IEP?

Student(s) **Previous** Address _____ City _____ State _____ Zip _____

Student(s) **Current** Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION (COMPLETE SECTIONS I AND II AS APPLICABLE)

I. Parent/Guardian Full Name _____

Address *(if different than student)* _____

Email Address _____ Home Phone # _____ Mobile Phone # _____ Work Phone # _____

Name of Stepparent *(if applicable)* _____ Email Address _____ Mobile Phone # _____ Work Phone # _____

II. Parent/Guardian Full Name _____

Address *(if different than student)* _____

Email Address _____ Home Phone # _____ Mobile Phone # _____ Work Phone # _____

Name of Stepparent *(if applicable)* _____ Email Address _____ Mobile Phone # _____ Work Phone # _____

With whom does the student reside *(Check all that apply)* mother father stepparent guardian
 other *(please explain)* _____

STUDENT REGISTRATION AFFIDAVIT

In cases of divorce/separation, either a current custody agreement must be provided OR both parents must sign form to acknowledge that child/children will attend school in New Hope-Solebury School District.

(Please check one)
This is to certify that I am the PARENT GUARDIAN of the pupil(s) registered on this form.

Signature

Date *(if not digitally signed)*

(Please check one)
This is to certify that I am the PARENT GUARDIAN of the pupil(s) registered on this form.

Signature

Date *(if not digitally signed)*