## NOTES School $\square$ IEP leSchool NEW HOPE-SOLEBURY SCHOOL DISTRICT □ Nurse Custody Agreement **CENTRAL REGISTRATION OFFICE** □DO \_\_\_\_\_ 186 W. Bridge Street New Hope, PA 18938 Transportation Email: mguertler@nhsd.org Other Phone: 215-862-8187 / Fax: 215-862-2906 Initials / Date **CHANGE OF ADDRESS FORM** When there is a change of address within the district, parents/guardians must present change of address through a current deed or notarized lease agreement, parent/guardian photo ID, and three proofs of new address, as well as custody agreement (if applicable). This information will need to be delivered to the Central Registration Office (Attn: Mary Guertler) within one week of the address change. Student records will then be updated and transportation will be notified after receipt of all requested documentation. **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) \_\_\_ Home Phone # **Email Address** Mobile Phone # Work Phone # Name of Stepparent (if applicable) Work Phone # **Email Address** Mobile 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) (Please check one) This is to certify that I am the ☐ PARENT ☐ GUARDIAN This is to certify that I am the ☐ PARENT ☐ GUARDIAN of the pupil(s) registered on this form. of the pupil(s) registered on this form. Signature Signature

Date

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Date