



MILLCREEK TOWNSHIP SCHOOL DISTRICT

3740 West 26th Street Erie, PA 16506

Phone: 814-835-5312

Fax: 814-835-5308

Change of Address

Notification to Registration

Completed by School Staff or Parent/Guardian

Version 15, Sept. 2016

ONE FORM PER HOUSEHOLD

When residency of a parent/guardian changes within MTSD, a Change of Address Form and three (3) **Proofs of Residence** (listed below) must be provided. Once this process is complete, First Student Transportation will notify you of the new bus information (pick up/drop off times, bus stop). The school will also be notified of this change. The following documentation is required (all showing the same address) and must be brought to the Central Registration Office at 3740 W. 26th Street:

PROOF OF RESIDENCY IN MILLCREEK: Parent/Guardian **MUST** provide three (3) documents with the same address:

- Proof of ID: Valid PA Driver's License with Address Update Card or PA Identification Card or Military Photo ID **AND**
- Public Utility Bill: Penelec, National Fuel or Water/Sewer Bill **AND**
- Renters: Lease Agreement (signed and dated by landlord and tenant) **OR**
- Home Owners: Property Tax Bill, Deed, or signed/dated Mortgage Disclosure Statement

*****Bank or mortgage loan statements, phone bills, credit card bills or temporary driver's licenses are NOT acceptable*****

In addition, please complete:

- Residency Affidavit (notarized) if living with another Millcreek resident
- A new MTSD Household Form

Student Information – List all students in household moving to new address:

Student Legal Last Name:	Student's Full First Name:	Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Learning Support, <input type="checkbox"/> Emotional Support, <input type="checkbox"/> Life Skills, <input type="checkbox"/> Autistic Support <input type="checkbox"/> Gifted, <input type="checkbox"/> Other: _____
Current School/Grade:	Student ID#:	

Student Legal Last Name:	Student's Full First Name:	Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Learning Support, <input type="checkbox"/> Emotional Support, <input type="checkbox"/> Life Skills, <input type="checkbox"/> Autistic Support <input type="checkbox"/> Gifted, <input type="checkbox"/> Other: _____
Current School/Grade:	Student ID#:	

Student Legal Last Name:	Student's Full First Name:	Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Learning Support, <input type="checkbox"/> Emotional Support, <input type="checkbox"/> Life Skills, <input type="checkbox"/> Autistic Support <input type="checkbox"/> Gifted, <input type="checkbox"/> Other: _____
Current School/Grade:	Student ID#:	

Primary Address Information

Parent/Guardian Last Name:	First Name:
Old Address:	End Date of Old Address: ____/____/____
New Address:	City/St/Zip: _____
Request Date For Transportation Change to Begin: ____/____/____	Begin Date of New Address: ____/____/____
Parent Signature: _____	Is there a custody or court order pertaining to any of the above students? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which students: _____
Primary Phone: ____/____/____ Today's Date: ____/____/____	

REGISTRATION OFFICE ONLY

Change of school for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous School/End Date:	New School/Start Date:
---	---------------------------	------------------------

Comments: _____

Registration Office Signature: _____ All Changes Entered into I.C.: ____/____/____ Done