



Sharpstown Area SCHOOL DISTRICT

Student Demographic Change Form

Student Name _____ Birth Date _____ Grade _____
Student Name _____ Birth Date _____ Grade _____
Student Name _____ Birth Date _____ Grade _____
Student Name _____ Birth Date _____ Grade _____

Primary Address for Student(s) Listed Above

Address _____ City _____ State _____ Zip _____

Physical Guardian(s) to be Included in Change

Name _____ Relationship _____
Name _____ Relationship _____

New Information

Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____

Please check box if contact is to receive student mailings ☐

Is this your child(ren)'s primary information? Yes No

Old Information

Address _____ City _____ State _____ Zip _____
Phone _____ Cell _____

I hereby agree that the information above is correct to the best of my knowledge.

Physical Guardian Signature _____ Date _____

It is required by law to show proof of residency. Please provide:

- Signed Deed, Current Mortgage Statement, Lease, or Rental Agreement (Sales Agreements can be submitted for Future Residents)
--AND--
- PA Driver's License, PA License Update Card, or PA Photo ID Card
--PLUS-- at least one (1) of the following documents (items a through d)
- a. 2 Current Utility Bills
- b. Property Tax Bill
- c. Vehicle Registration
- d. Current Major Credit Card Bill (Visa, MasterCard, Amex, Discover)

(NOTE: If you live with another family and cannot provide 4 proofs of residency, an Affidavit of Multiple Occupancy must be filled out. Please contact Michelle Fox at mfox@sasdpride.org or 724-962-8300 extension 4101 for more information.)