



Student Demographic Change Form

Student Name _____ Birth Date _____ Grade _____
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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. The change will not take place until the proofs of residency are received. Please provide:

1. Signed Deed, Current Mortgage Statement, Lease, or Rental Agreement (Sales Agreements can be submitted for Future Residents)
2. PA Driver's License, PA License Update Card, or PA Photo ID Card
3. **--PLUS-- at least one (1) of the following documents:**
 - 2 Current Utility Bills
 - Property Tax Bill
 - Vehicle Registration

(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.)