

Accontable Proof of Posidonce:

## WALLENPAUPACK AREA SCHOOL DISTRICT

2552 Route 6 Hawley, PA 18428-7045 (570) 226-4557 opt. 6 Fax: (570) 226-0638

## **CHANGE OF ADDRESS FORM**

Please complete this form to notify the school district of a change of student address. It is imperative that the district's records be as accurate and timely as possible. Please mail the completed form to:

Wallenpaupack Area High School

Attn: Ms. Gulumoglu 2552 Route 6 Hawley, PA 18428

or fax it to Ms. Gulumoglu at (570) 251-3156 or email to registrar@wallenpaupack.org.

All address changes must be accompanied by a valid proof of residence which states the township in which the home is located. A new bus pass will be issued to the student when all information is completed.

Deed     Lease     Current utility bill	<ul><li>Current credit card bill</li><li>Property tax bill</li><li>Vehicle registration</li></ul>	<ul><li>Driver's license</li><li>DOT identification card</li></ul>
	Date:	
Name of Parent/Guardian:		
Old Physical Address:		
Old Phone Number:		
New Physical Address:		
New Mailing Address (if differe		
New Phone Number:		
Please list the names and grad	es of any students affected	by this change:
Name:		Grade: