## WALLENPAUPACK AREA SCHOOL DISTRICT 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: Mrs. Monaghan

2552 Route 6

Hawley, PA 18428

or fax it to Mrs. Monaghan at (570) 251-3156.

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.

Acceptable Proof of Residence:	
Tax bill	
Deed	
Lease	
Landlord's tax bill with letter verifying the rental agree	eement
Date:	
Name of Parent/Guardian:	
Old Physical Address:	
Old Phone Number:	
New Physical Address:	
New Mailing Address (if different):	
<i>C</i>	
New Phone Number:	
Please list the names and grades of any students effected by this	ahanga
STUDENT'S NAME	GRADE
STODENT STANIE	GRUDE