CHANGE OF ADDRESS INSTRUCTIONS

- 1. <u>Complete the change of address for</u>mAdditional forms may be found on the website at <u>www.cbsd.org</u>
- 2. <u>Submit</u> the change of address form and your proof of residenday mail, fax, email or in person to Central Registration:

Central Bucks School District (Phone) 267 8932111 Registration Office (Fax) 267 89340

16 Welden Drive

Doylestown, Pa 18901 centralregistratio@dosd.org

Three proofs of residency are required

Proof of Residency: A) Deed/Lease/Agreement of Sale

B) Two Utility Bills/Billing Statements

<u>NOTE</u>: Contracts to purchase or lease a property may be used <u>itoitiate</u> a change of address. We will request additional verification of occupancy/deed in thirty day (b(na)8.9 .002 Tw na)8.9 .

Central Bucks School District Change of Address Form

Date:			
Student	School	Grade	Resides with: (check all that apply)
			† Mother † Father †Stepparent
			† Guardian † Other (please explain)
	·	·	† Mother † Father †Stepparent
			Other (please explain)
			† Mother † Father † Stepparent
			† Guardian † Other (please explain)
		Parent/Gu	uardian
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New Address			
Effective Date:			
Previous Address			
Email	Phone:		
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days	or occupancy	(Bood) Ottili	ty same por required and requestosar timey
			Occupancy Affidavit Required)
	(P	arent/Gua	rdian Signature)
	X		Date:
	The state of the s		rdian Signature)
		_	of address are processed at ∰ar Eo teGuardian
CBS			rran buloq ualulan