

Change of Student Information Form

Use this form to update your student's address for district residency and bus transportation purposes. Submit this form and its supporting documentation to Welcome Center, 130 Hill Rd S, Suite 102, Pickerington, OH 43147. Contact the Welcome Center at **phone** 614-920-6180, **fax** 614-835-2088, **email** welcome_center@plsd.us

PROOF OF ADDRESS REQUIRED: 1) Signed settlement statement, mortgage statement, **or** signed lease; and 2) Electric, gas, or water bill.

					OFFICE USE ONLY	
Student Name	Student ID	Current Grade	Current School	IEP?	Current or New School	OE?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Parent/guardian name _____ Effective Date: ____/____/____

Has there been a CHANGE IN CUSTODY STATUS? ____ No ____ Yes. *If yes, provide the current custody document.*

Previous address: _____ City: _____ Zip: _____

New address: _____ City: _____ Zip: _____

_____ Purchase _____ Rent _____ Sharing a Residence. *Please submit "Shared Residency Affidavit"*

Parent/guardian 1:	Name _____	Parent/guardian 2:	Name _____
	Phone 1 _____		Phone 1 _____
	Phone 2 _____		Phone 2 _____

*By signing this form, the parent/guardian solemnly affirms the following: 1) I am the legal custodial or legal guardian of the above child(ren); and 2) I am changing my residence **within** the Pickerington Schools boundaries.*

(Ohio Revised Code 3313.64 states that a student is entitled to receive his/her tuition-free, public school education in the district in which his/her residential, custodial parent resides. Therefore, I acknowledge and understand that if the above information is found to be false, and I have moved outside of the district boundaries, submission of this signed information / address change constitutes criminal falsification.)

*Further, I understand, as constituted by Ohio school attendance laws, if I move out of the district at any time after enrollment, I am obligated to **withdraw** my child(ren) from Pickerington Schools. If I fail to notify the school that I have moved from the district, and fail to initiate the withdrawal process, I understand that I may be held financially responsible for tuition charges backdated to the date I moved from the district.*

I agree and attest by my signature that Pickerington Schools shall have the right, at any time they deem necessary, to investigate my residency.

I hereby allow the release of rental information, realtor records, as well as utility customer information to a representative of the Pickerington Local School District. (Revised: 9/6/17)

Parent/guardian signature: _____ Date: _____