

CHANGE OF STUDENT INFORMATION
PICKERINGTON LOCAL SCHOOLS / PETERMANN TRANSPORTATION

PROOF OF ADDRESS REQUIRED:

Closing Document **OR** Mortgage Statement, Signed Lease, **AND** Electric, Gas or Water bill.

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

Parent/Guardian Names _____ Effective Date: ___/___/___

Important: Has there been a CHANGE IN CUSTODY STATUS? ___ Yes ___ No

If yes, please provide current custody document.

Previous Address: _____ City: _____ Zip: _____

New Address: _____ City: _____ Zip: _____

_____ Purchase _____ Rent _____ Sharing a Residence (F & F Affidavit)

Mother/Guardian: Cell # _____ Father/Guardian: Cell # _____

Work # _____ Work # _____

Home # _____ Home # _____

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 PLSD 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: 11/7/17)

Signature of Parent/Guardian

Today's Date

Submit to: PLSD Welcome Center
 130 Hill Road S. – Suite 102
 Pickerington OH 43147
 Phone: 614-920-6180
 Fax: 614-833-2114