

**EAST PENN SCHOOL DISTRICT
RELOCATION/WITHDRAW FORM**

Special Ed / IEP GIEP 504 E Calendar Student

****One form for each sibling must be submitted****

RELOCATED WITHIN EAST PENN SCHOOL DISTRICT BOUNDARY

Previous EPSD School: _____ Receiving EPSD School: _____

Student's Full Name: _____ Current Grade: _____

Student Resides with: Both Parents: _____ Father _____ Mother _____
 _____ Other _____ (explain):

Siblings _____ moving _____ to _____ new _____ address: _____

Previous Household Address:

Address: _____
(street address) (city) (state) (zip)

Previous Household Telephone: _____

New EPSD Household Address:

Address: _____
(street address) (city) (state) (zip)

New Household Telephone: _____ Mother's cell: _____ Father's cell: _____

Provide to the school office any **TWO PROOFS** of residence required for a New East Penn SD Address:

- | | |
|---|--|
| <input type="checkbox"/> Agreement of Sale | <input type="checkbox"/> Rental Agreement |
| <input type="checkbox"/> Bank Statement (with new address) | <input type="checkbox"/> Utility Bill (with new address) |
| <input type="checkbox"/> Moving Permit | <input type="checkbox"/> Vehicle Registration (with new address) |
| <input type="checkbox"/> Property Deed | <input type="checkbox"/> Pay Stub (with new address) |
| <input type="checkbox"/> Property Tax Bill/Receipt (with new address) | <input type="checkbox"/> Insurance Statement (with new address) |
- Multiple Occupancy Document (if applicable) - **2 proofs for homeowner AND 2 proofs for multiple occupant**

Parent/Guardian Signature: _____ Effective Date: _____

RELOCATED OUTSIDE OF THE EAST PENN SCHOOL DISTRICT

Student's Full Name: _____ Previous EPSD School: _____

List all siblings relocating with family:

New Address:

_____ (street address) (city) must complete-- (state) (zip)

New School Name & Address: _____

Parent/Guardian Signature: _____ Effective Date: _____

Must be completed by EPSD Office Staff:

EP Student ID _____ If applicable: Student Status: H ___ U ___

Withdrawal date _____ Code _____ Re-entry date into EPSD Building: _____ Code _____

- | | |
|---|---|
| • Paperwork accepted in building by _____ | • Paperwork accepted in new building by _____ |
| • Entered into eSchool+ by _____ | • Entered into eSchool+ by _____ |

**Relocation in district: E-mail copy to: Central Registrar, Guidance, Health Room, Main Office & Library. CR E-mails: SS, Transportation & Nutrition*

**Relocation out of district (withdrawn student): E-mail copy to: Guidance, Health Room, Main Office, Library, Student Services, Transportation & Nutrition*