

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 _____
 Siblings moving to new address: _____
 Other(Explain): _____

Previous Household Address

Address: _____ City: _____ State: _____ Zip: _____
 Previous Household Telephone: _____

New EPSD Household Address

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

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: _____ City: _____ State: _____ Zip: _____
 New School Name & Address: _____ City: _____
 State: _____ Zip: _____
 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 _____