

BERMUDIAN SPRINGS SCHOOL DISTRICT



CHANGE OF ADDRESS FORM

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_  
(Physical Address of New Residence) (City) (State) (Zip Code)

\_\_\_\_\_  
(Mailing Address of New Residence-if different from above) (City) (State) (Zip Code)

Municipality: \_\_\_\_\_ New Home Telephone Number: \_\_\_\_\_

☐ Is this address change due to change of custody? Yes or No

If you answered yes, which parent is the change of address for? \_\_\_\_\_

☐ If yes, is this a permanent or temporary arrangement? \_\_\_\_\_

☐ Will busing be the same? \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mailing Address of Old Residence) (City) (State) (Zip Code)

**PROOF OF RESIDENCY - Please provide one of the following**

☐ Deed or lease ☐ Current utility bill - less than three months old (*cell phone is not a utility*)

☐ Current property tax bill ☐ Vehicle Registration

**SCHOOL OFFICE USE ONLY**

Date Proof of Residency Provided: \_\_\_\_\_ Sapphire Update: \_\_\_\_\_ Initials: \_\_\_\_\_

Student Transportation Form completed \_\_\_\_\_ Copy to School Nurse \_\_\_\_\_

You may return this form in person, send it to school with your child or submit via mail or fax to:

MAIL with proof of residency to:  
Bermudian Springs (name of your child's building)  
7335 Carlisle Pike  
York Springs, PA 17372

FAX with proof of residency to:  
ELEMENTARY SCHOOL - 717.528.4007  
MIDDLE SCHOOL - 717.528.0034  
HIGH SCHOOL - 717.528.4149

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