



### Change of Demographic Information Form (Within the Boundaries of the School District)

EFFECTIVE DATE: \_\_\_\_\_ (Change to Transportation/Busing to Begin on This Date)

Current Home Address	
New Home Address	
New Home Telephone (If Applicable)	

Please list all children in the North Allegheny School District affected by this move:

Student ID#	Student's Last Name	Student's First Name	Grade	Does the student have support services in place? (IEP, GIEP, 504, ESL) Please list.	Current School Building	Will this change require the student to transfer to another school in the North Allegheny School District?	New School Building (If Applicable)
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

Who does this demographic change include? (Please list all others in household affected by this move)

- Mother
- Father
- Guardian(s)
- Other: \_\_\_\_\_
- Stepfather
- Stepmother

Are there any custody issues?  YES  NO      Copy of custody paperwork?  YES  NO

The following **TWO (2)** Proofs of Residency have been provided:

- Valid Driver's License (with new address)
- Closing Papers
- Lease or Rental Agreement
- Rent Receipt
- Paid Wage Tax Receipt
- Mortgage Statement
- Utility Bill (Gas, Electric, Waste Management)
- Deed
- Property Tax Bill
- Vehicle Registration
- DOT Identification Card
- Cable Bill

\*Note: The District **does not** accept a cell phone bill as proof of residency.



\_\_\_\_\_  
(PRINT Parent/Guardian Name)

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

Date Submitted: \_\_\_\_\_

FAMILY LAST NAME(S): \_\_\_\_\_

**Change of Demographic Information Form**

(Within the Boundaries of the School District)

1. Will this change in address require the student(s) to transfer to another elementary or middle school in the North Allegheny School District?

Yes If so, which school(s) \_\_\_\_\_  No (If no, proceed to question #3)

2. Has the parent inquired if the child can remain at their current school location for the remainder of the current school year?

Yes  No (*Student will transfer to new building*)

If yes, has the parent completed a **Request for Reassignment of Schools Form**?

- If requested, provide the parent a **Request for Reassignment Form** to be completed and inform them that they will need to transport their child to and from school until a decision has been made. Let the parent know that if the reassignment is approved, the parent(s) must provide transportation to and from school.
- Submit this form to the *Office of the Assistant Superintendent for K-12 Education* with Change of Demographic and Proof of Residency documentation attached to the form.
- Reassignment request was reviewed and the following decision has been made (Check applicable box below):
  - Request denied, student to transfer to new school.
  - Request approved, student to remain until the end of the semester.
  - Request approved, student to remain until the end of the current school year.

3. COMPLETE THE FOLLOWING ACTION ITEMS: (Please FULLY complete all action items requested)

<b><i>Building Secretary/Counseling Secretary Receiving Request Completes</i></b>	<b>COMPLETED</b>	<b>NOTES</b>
Scan Change of Demo Form/PORs to Central Registration Assistant	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Place Change of Demo Form/PORs in Student Cumulative File	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Forward Cumulative File to New Building – if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Forward Health Services File to New Building – if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the Student Receive Special Education (IEP) Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Student Name:
Does the Student Receive Gifted Education (GIEP) Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Student Name:
Does the Student Have a (504) Accommodation Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Student Name:
Does the Student Receive English as a Second Language (ESL) Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Student Name:

**COMPLETED BY:**

**DATE:**

<b><i>Central Registration Assistant Completes</i></b>	<b>COMPLETED</b>	<b>NOTES</b>
Update the Address in the Tyler SIS for Student, Siblings, Parents/Guardians	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Scan Change of Demo Form/PORs to the Transportation Department	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Scan Change of Demo Form/PORs to All Sibling New Buildings – if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Scan Change of Demo Form to Special Education/GOAL – if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Scan Change of Demo Form to Pupil Services/ESL – if applicable	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**COMPLETED BY:**

**DATE:**

<b><i>Building Secretary/Counseling Secretary in New Building Completes</i></b>	<b>COMPLETED</b>	<b>NOTES</b>
Print Scanned Change of Demo Form/PORs and Place in Student Cumulative File(s) – if not already completed by prior building.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Scan Completed Change of Demo Form/Action Items (Pages 1-2) Back to the Central Registration Assistant as Confirmation	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**COMPLETED BY:**

**DATE:**