WASHINGTON TOWNSHIP PUBLIC SCHOOLS

Registration Office, 206 E. Holly Avenue, Sewell, NJ 08080 (856)589-6644 x6698 F: 856-589-1385 mpesyna@wtps.org



CHANGE OF ADDRESS NOTIFICATION

Complete the highlighted sections below and provide 2 current proofs of residency. If you just made settlement, you may use the signed settlement sheet/deed in lieu of 2 proofs. Scan, fax or return to Registration Office (via/en/ appointment). LIST ALL STUDENTS ON SAME FORM.

		urs to process the change in our d	atabases, so be sure to send us your
documentation	as soon as you have moved.		
*****	******	*******	**************************************
Student Name((s):		<u> </u>
School/Grade:			
Present Addres	ss:		
New Address:			
	Parent Address: the same sending zone, they must provide	proof of residency in order for the child to i	be bussed from the residence.
Which is the cl	nild's primary residence?	_	
Home phone:	Mother	Father	
Cell phones:	Mother	Father_	
Email:	Mother	Father	
Student(s) live	with: Mother: Fath	ner: Same Household?	Other (Specify):
Do you share t	his residence with another famil	y? Yes No	
* * * * * * *	***********	**************************************	* * * ** ** * * * * * * * * * * * * * *
Student name:			
currently enrol	lled @	and transferring to_	
	vill contact parent with start dat		
******	************	* * * * * * * * * * * * * * * * * * * *	*************

DEPARTMENT OF TRANSPORTATION 118 Chapel Heights Road, Sewell, NJ 08080

(Direct transportation inquiries to: 856-589-9190)

