

**Northern Tioga School District
Change of Address Form**

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

New Address:

Physical Address: _____

Apartment Number: _____

City: _____

Municipality: _____

State: _____

Zip Code: _____

Phone Number: _____ Unlisted: ___ Yes ___ No

Mailing Address (if different from Physical Address):

Street Address/PO BOX: _____

City: _____

State: _____

Zip Code: _____

Effective Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

NTSD Use Only:

Proof of Residency (keep copies in file):

Utility Bill Lease Mortgage/Deed Affidavit

Other: _____