

## Policy 202 – Proof of Residency

The following proof of residency is needed for an **ENROLLMENT** or **CHANGE OF ADDRESS**:

- Current Lease, Mortgage statement or Deed

**Two (2) additional proofs of residence:**

- PA Driver's License
- Utility Bill (will accept 2 utility bills)
- Property Tax Bill
- Vehicle Registration
- Government Award Letter
- Bank Statement

By signing below, I acknowledge that the proof of residency policy has been explained to me. I understand that all proofs must be provided before a change of address or registration can be completed.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Gateway School District

## CHANGE OF ADDRESS FORM

Student Information:	School Attending:
1.	<input type="checkbox"/> GHS <input type="checkbox"/> GMS <input type="checkbox"/> MSMS <input type="checkbox"/> CSE <input type="checkbox"/> EV <input type="checkbox"/> RAM <input type="checkbox"/> UP
2.	<input type="checkbox"/> GHS <input type="checkbox"/> GMS <input type="checkbox"/> MSMS <input type="checkbox"/> CSE <input type="checkbox"/> EV <input type="checkbox"/> RAM <input type="checkbox"/> UP
3.	<input type="checkbox"/> GHS <input type="checkbox"/> GMS <input type="checkbox"/> MSMS <input type="checkbox"/> CSE <input type="checkbox"/> EV <input type="checkbox"/> RAM <input type="checkbox"/> UP
4.	<input type="checkbox"/> GHS <input type="checkbox"/> GMS <input type="checkbox"/> MSMS <input type="checkbox"/> CSE <input type="checkbox"/> EV <input type="checkbox"/> RAM <input type="checkbox"/> UP

Previous Primary 1 Address Information:

Street
Apartment/Unit

City
ZIP

New Primary 1 Address Information:

Street
Apartment/Unit

City
ZIP

Previous Primary 2 Address Information:

Street
Apartment/Unit

City
ZIP

New Primary 2 Address Information:

Street
Apartment/Unit

City
ZIP

New Phone Numbers	Parent E-mail
Home Phone:	
Mother's Cell:	
Mother's Work:	
Father's Cell	
Father's Work	

**Proof of Residency (Necessary for all change of address applications. Must include lease/mortgage and 2 other proofs)**

Current Lease/Deed/Mortgage Statement  Utility Bill(s)  PA Driver's License  Other

Comments:

Primary Guardian Name/Status Change:	
Previous Primary 1 Name of Parent/Guardian:	Relation:
New Primary 1 Name of Parent/Guardian:	Relation:
Previous Primary 2 Name of Parent/Guardian:	Relation:
New Primary 2 Name of Parent/Guardian:	Relation:



*Gateway School District*  
AUTHORIZATION FOR VERIFICATION OF ADDRESS  
RELEASE OF INFORMATION AGREEMENT

*(The information contained in this form will only be used in cases where additional verification of residency is needed or if fraudulent information is suspected.)*

(Parent or Legal Guardian will print his/her name and address)

I, \_\_\_\_\_, do hereby give the Gateway School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer Name and Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_
3. Welfare Agency or Related Health Services Agencies
4. Bureau of Motor Vehicles
5. Child & Youth Services
6. Keystone Collections (Monroeville EIT Service)
7. Name of Current Landlord, Address, and Phone Number  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Registering Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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