



**Lower Merion School District**  
 65 Rock Hill Road Bala Cynwyd, PA 19004  
 Phone: 610-658-3996 ♦ Fax: 610-785-1837 ♦ www.lmsd.org  
 Office of Central Registration

## Change of Information Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Current School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ Sex: M  F

**Student's New Address\*:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 \_\_\_\_\_

*Student's Previous Address:* \_\_\_\_\_

**\* Two (2) proofs of residency must be presented at the Central Registration Office when an address change is submitted.**

Parent1 /Guardian Name: \_\_\_\_\_

**New Address:** \_\_\_\_\_ **Parent1 Phone 1:** \_\_\_\_\_

*Previous Address:* \_\_\_\_\_ **Parent1 Phone 2:** \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent2 /Guardian Name: \_\_\_\_\_

**New Address:** \_\_\_\_\_ **Parent2 Phone 1:** \_\_\_\_\_

*Previous Address:* \_\_\_\_\_ **Parent2 Phone 2:** \_\_\_\_\_

E-mail: \_\_\_\_\_

<u>Names of Siblings in District</u>	<u>School</u>	<u>Grade</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Person: \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
 (If Parent/Guardian is not available)

Emergency Contact Person: \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
 (If Parent/Guardian is not available)

Parent/Guardian Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

LMSD has an automated dialing system. The amount of numbers called will increase based on the urgency of the situation. Please list 6 numbers you would like entered.

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_ 6 \_\_\_\_\_

For Office Use Only:

\_\_\_\_\_ Deed \_\_\_\_\_ Lease \_\_\_\_\_ Taxes \_\_\_\_\_ Utility \_\_\_\_\_ M.O./S.G. \_\_\_\_\_ Signature \_\_\_\_\_ Date Completed  
 \_\_\_\_\_ Transportation notified