

**SOUTHERN LOCAL Elementary SCHOOL**  
**38095 State Route 39 Salineville, Ohio 43945**  
**Telephone: 330-679-2301 or 330-679-2343**  
**Fax: 330-679-3004**

**NEW ENTRY / CHANGE OF ADDRESS FORM**

**Entry**

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

NAME: \_\_\_\_\_ I.D. \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUS #: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_

**PICKUP / DROP OFF ADDRESS (IF DIFFERENT FROM ABOVE)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus # \_\_\_\_\_ PICK UP TIME: \_\_\_\_\_ DROP OFF TIME: \_\_\_\_\_

**CHANGE OF ADDRESS / PHONE NUMBER:**

NAME: \_\_\_\_\_ NEW PHONE: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**If the student withdraws indicate the withdrawal date:** \_\_\_\_\_

**ANY QUESTIONS, PLEASE CONTACT ROB MARRA: 330-679-2343 EXT. 4106 or 4108**