

**SOUTHERN LOCAL SCHOOL DISTRICT
NEW ENTRY/CHANGE OF ADDRESS FORM**

NAME: _____ I.D. _____

GRADE: _____ AGE: _____ D.O.B. _____ SEX: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CONTACT NAME: _____ PHONE: _____

BUS #: _____

PICKUP/ DROP OFF ADDRESS (IF DIFFERENT FROM ABOVE)

ADDRESS: _____

CITY: _____ ZIP: _____

PICK UP TIME: _____

DROP OFF TIME: _____

CHANGE OF ADDRESS/PHONE NUMBER:

NAME: _____

NEW ADDRESS: _____

CITY: _____ ZIP: _____

NEW PHONE: _____

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