



Sugar Valley Rural Charter School

236 East Main Street – Loganton, Pennsylvania 17747
Phone: (570) 725-7822 - fax: (570) 725-7825
email: svrcs@svrcs.org

Charter School Student Change of Address Form
For School Year _____

Name of Charter School: Sugar Valley Rural Charter School
Address: 236 East Main Street
Loganton, Pa 17747
Charter School Contact Person: Tracie Kennedy
Telephone: (570) 725-7822 Email Address: svrcs@svrcs.org

I. Student Information:

(optional) 1. American Indian/ Alaskan
2. Asian 3. African American
4. Hispanic 5. Caucasian

Last Name: _____ First Name: _____ MI: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Telephone: _____
Date Of Birth: _____ Sex: M F Age: _____ Birth Country: _____
Birth County: _____ City of Birth: _____ Birth State: _____
Yrs Attending PA School(s): _____ Home Language: _____

II. School District of Residence and Former School Information

School District of Residence: _____

Former School Information (Other Than Pre-School):

_____ Public School _____ Charter School _____ Home School _____ Nonpublic School

_____ Student Not Enrolled in School Preceding Enrollment in Charter School Because:
_____ Entering Kindergarten _____ Re-Enrolling Dropout _____ Other _____

Name of Former School: _____
Address of Former School: _____

Previous Grade: _____ Withdrawal Date From Former School: _____

Was Your Child Receiving Special Education Services Based On An IEP? _____ Yes _____ No

If Yes, Do You Have The Child's Special Education Records (IEP)? _____ Yes _____ No

III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only _____
_____ Legal Guardian _____ Foster Parents _____ Other Adult _____

Special Custodial Court Instructions:
(If Yes, Please Provide a Copy of Court Order.) _____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable

Father's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

Mother's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

If The Student Is Not Living With Parents, Please Complete This Section.

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school.

Signature of Parent/Guardian: _____ **Date:** _____

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
Proof of Residency _____ Mortgage Statement _____ Lease _____ Utility Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School Representative: _____