

Name of School: York Academy Regional Charter School
 Address: 32 W. North Street, York, PA 17401
 Contact Person: Linda Albright
 Telephone: 717-801-3900 Email: lalbright@yorkarcs.org

All changes of address must be accompanied by two proofs of residence from the new address. The first proof must be a rental lease or home purchase agreement and/or property tax bill reflecting the new address. The second can be a driver's license, utility bill, bank statement, pay stub, insurance card, etc.

Student(s) Information:

Last Name:	_____	First Name:	_____
Date of Birth	_____	Grade Level	_____
Last Name	_____	First Name	_____
Date of Birth	_____	Grade Level	_____
Last Name	_____	First Name	_____
Date of Birth:	_____	Grade Level:	_____

New Address: _____
 City: _____ Zip: _____
 School District of New Residence: _____
 Effective Date of New Address: _____

Old Address: _____
 City: _____ Zip: _____
 School District of Old Residence: _____
 Parent/Guardian Name: _____ Phone # _____
 Parent/Guardian Name: _____ Phone # _____
 Please initial to confirm that information contained in this document is true and correct. Date: _____

To Be Completed by Charter School:

Proof of Residency: Mortgage Statement _____ Lease _____ Utility Bill _____ Other _____
 New District Enrollment Date: _____
 Signature of Charter School Representative: _____