



EXCELLENCE
TODAY
FOR TOMORROW

Rose Tree Media School District
308 North Olive Street
Media, Pennsylvania 19063-2493
Telephone 610.627.6000
www.rtmsd.org

Eleanor DiMarino-Linnen, Ed.D.
Superintendent of Schools

CHANGE OF ADDRESS REQUEST FORM

Date: _____

Grade: _____

Student Name: _____

Enrolled Building: _____

Dear Parent/Guardian:

The Child Accounting Department for Rose Tree Media School District has been notified of a possible address change, within the school district, for the above-named student. In order to facilitate this change, the school district requires formal documentation (which needs to be a copy of your lease, deed, real estate tax bill, settlement statement or mortgage statement) to verify the new address. Due to residency requirements, it has become important for the school district to request official documentation before changing a family's address in our Student Management System.

Please return proof of residency to the person handling student records at your child's enrolled building immediately, so we can make the appropriate changes in our system. No change to the system can take place without proper proof of residency. In the event of multiple student changes, please forward your request/change to the above-listed address, c/o Child Accounting Office.

Thank you for your cooperation.

Child Accounting Office

I, _____, verify that our new address is _____

I have enclosed proof of this new address (lease, deed, real estate tax bill or mortgage statement).

Parent Signature

Additional Students:

Grade: _____

Grade: _____

Student Name: _____

Student Name: _____

Enrolled Building: _____

Enrolled Building: _____