



Pembroke Central School District
Change of Address Form for Students

Please note: Bus Routes cannot be changed without this form.

Name of Student: _____

Previous Address: _____

New Address: _____

Who will be moving: (ex. Family, father, mother, etc.) _____

Is there a PO Box for this address? Yes No

Phone number change? Yes No

If yes, PO Box # _____

If yes, phone number: _____

Signature of Parent or Legal Guardian

Date Effective