

CHANGE OF ADDRESS FORM

To Parent/Guardian:

- Complete this form when your home address has changed.
 Show proof of residency to school office personnel.

First and Last name		Relationship to Student	Building of school aged students	Gra
1.		•	Ţ,	
2.				
3.				
4.				
5.				
d Address: _				
		Street Address		
-	City	State	Zip Code	
_		Old Primary Number - Used for Genera	al and Attendance calls	
ew Address: _				
		Street Address		
_	City	State	Zip Code	
_		New Primary Number - Used for Gener	al and Attendance calls	
fective Date for	New Address:	Parent/Guard	ian Signature:	
		For Office Use Only		
fected buildings sh	ould file a copy of the form		the form to all buildings listed above. Office perso heir building. In addition, office personnel should i ange Form.	
Signature of Staff Person Verifying Change of Address		Address	Date of Verification	
oof of Residency Doo	cument Verified:			
☐ Utility Bil		☐ Signed Settlement paperwork		
•	ease or Rental Agreement	□ Other·		