

# ADDRESS CHANGE FORM

## DEXTER COMMUNITY SCHOOLS



7714 Ann Arbor St., Dexter MI 48130  
734-424-4100 fax: 734-424-4112

info@dexterschools.org

Date Effective \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Students

Name \_\_\_\_\_ Grade \_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_

Primary Email \_\_\_\_\_

New Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Alert Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Proof of Residency documentation (please check one):

- tax bill if you own your home –OR–
- house closing papers if you are moving into a home in the district –OR–
- rental/lease agreement AND utility bill if you rent or lease in the district

Please make a copy of the required documentation and attach to this form to be filed in the CA-60.

- RETURN IMMEDIATELY-

[www.dexterschools.org](http://www.dexterschools.org)

*For office use only:*

Received by: \_\_\_\_\_ date received: \_\_\_\_\_

- entered in PowerSchool
- shared with all buildings
- copied to Transportation
- shared with Food & Nutrition

(Revised 8-1-19)