



Change of Address Form

Effective Date _____

Please be advised new busing information takes a minimum of 48 hours upon Transportation receiving this request.

Student Name(s) (First and Last)	Grade	Current School	Newly Assigned School	*BUS NEEDS (circle one)
				NONE IDT AM PM BOTH
				NONE IDT AM PM BOTH
				NONE IDT AM PM BOTH
				NONE IDT AM PM BOTH
				NONE IDT AM PM BOTH

*For efficiency purposes in routing, please indicate your transportation needs at this time.
If you require a change in the future, please contact the Transportation office for further instructions.

Former Address Information:

New Address Information:

Former Street Address

New Street Address

Former City, State ZIP

New City, State Zip

Former Subdivision (if applicable)

New Subdivision (if applicable)

Please provide the following:

Parent Signature:

1. This completed Change of Address Form – 1 per family
2. Proof of Residency in one of these forms:
Auditor’s Summary page, Settlement Statement,
Mortgage Statement, Deed, Home Purchase Contract
Valid Signed Lease/ Rental Agreement

Parent Name Printed _____

Parent Signature _____

Contact Number _____

Deliver to the New Student Welcome Center:

7840 Graphics Way Lewis Center, OH 43035

Phone: 740-657-4030 FAX: 740-657-4034

Email: NSWC@olsd.us

OFFICE USE ONLY

Date Received: _____ IDT: _____ ES: _____ / MS: _____ / HS: _____ 90 Day Waiver: _____