

Address Change Form

Date ____/____/____

Parent/ Guardian Name _____

| Student Name (First and Last) | Date of Birth | Last School Attended | School Desired | Office Use Only |
|----------------------------------|---------------|----------------------|----------------|-----------------------|
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Date of Move ____/____/____

New Primary Address _____

Secondary or Daycare _____

Name of Provider (If Daycare) _____

Gender _____ Phone Number _____ AM / PM / BOTH

Proof of Address

- Utility Bill (ex: gas, water, electric, trash)
- Driver's License or ID with CURRENT address
- Purchase agreement or lease agreement
- Notarized Residency Affidavit

For office use only:

- Date changed in IC ____ / ____ / ____
- Date school(s) notified ____ / ____ / ____
- Transfer to Stay put (TSP)
- Open Enrollment (OE)
- Daycare (DC)