



CHANGE OF ADDRESS FORM

NSD ID# _____
DATE RECEIVED _____

To officially change your student’s address, you are requested to reestablish residency. In order to enroll in school, state law requires that a student reside within the district boundaries and be able to prove residency or have been approved for a waiver.

Student: _____ School: _____ DOB: _____ Grade: _____

New address: _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

Please list below the names of additional siblings living at this new address who attend the Northshore School District and check to whom new address applies:

Student: _____ School: _____ DOB: _____ Grade: _____

Student: _____ School: _____ DOB: _____ Grade: _____

Student: _____ School: _____ DOB: _____ Grade: _____

Address change applies to the following parent/guardians: _____

To verify residency, you must provide one of the items listed below. Please check the documents you have included with this notice. All addresses on the documents must match the address of your residence.

- Government Mail
- Homeowner’s Insurance Policy Declaration
- Property Tax bill (*must have been received in the mail, not printed off a website*)
- Redacted 1099 or W-2 (Social Security Number and dollar amounts blacked out)
- Unexpired Lease Agreement (must be signed by both parties)
- Utility Bill (dated within the last 3 months) – accepted utilities include water, sewer, gas, electricity, cable, or garbage; the mailing and service address must be the residence address.

****If you are part of the Washington State Address Confidentiality Program, an official letter from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Northshore School District. You must submit a renewed letter to the school **each year**.**

I acknowledge and agree to the following (please initial each statement below):

_____ My student resides with me at least four (4) nights per week at the address listed above, which is my primary residence. Note: If your student does not reside with you at least four (4) nights per week at the above-listed address, please initial here and attach a written explanation of where and with whom your child resides each day of the week.

_____ I agree to notify the District/School within five (5) days when I change my residence or that of my student to a new address, either within or outside of the District.

_____ The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of investigators to verify residency status. Verification may include home visits.

_____ Investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student’s school assignment and disenrollment from the district.

By signing this form, I certify that all information is true and correct and that all documents submitted have not been altered or falsified in any way.

Parent/Guardian Signature

Parent/Guardian Print Name

Date