

Date filled out: _____

CHANGE OF ADDRESS FORM

PROOF OF RESIDENCY REQUIRED BEFORE CHANGES CAN BE CONSIDERED
South Washington County Schools requires TWO FORMS of proof for any address change
Lease - Purchase Agreement - property tax bill - mortgage statement
Postmarked Proofs: utility bill - EOB health form - payroll stub - bank statement – homeowners/renter’s insurance

Name _____ ID# _____ Grade _____ School _____

Name _____ ID# _____ Grade _____ School _____

Name _____ ID# _____ Grade _____ School _____

Name _____ ID# _____ Grade _____ School _____

Information obtained from (first and last name) _____

Move for EVERYONE in the family? _____ or just the following members _____

New Address: _____ Zip Code _____
(House number, Street, Apt or Unit #, City)

Are you the only family living at this new address? _____ If not, name of other family: _____

Effective date of move: _____ Phone number: (____) _____

Non-custodial parent **Secondary Address** **Guardian** **Mail** **Portal** **Messenger**

Name: _____

Address: _____ City, _____ State _____, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

IN-DISTRICT MOVE:
Does the student plan to remain at the present school for the remainder of the school year on an Intra-District Transfer?
YES ____ NO ____ (If yes, parent/guardian must fill out an Intra-District Transfer for each student)
***If yes: Does the student plan to continue at the present school for the following school year on an Intra-District Transfer?**
YES ____ NO ____
***If no: New School** _____ **Start date** ____/____/____
***Note:** If it is a closed building, student can remain for the remainder of the school year and will attend their new boundary school the next school year.

OUT-OF-DISTRICT MOVE:
Currently on Open Enrollment? ____ **Open Enrollment needed?** ____ (If yes, OE form must be completed by parent/guardian)

Old Address: _____ Zip Code _____
(House number, Street, Apt or Unit # City)

Completed form should be returned to Student Information at the District Service Center or faxed to 651-425-6320