

CHANGE OF ADDRESS WITHIN OUR DISTRICT

Student's Name	Birth Date	Grade	Sex
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LEGAL ADDRESS

Number Street	Telephone/Home/Cell
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City	State	Zip	Telephone/Work
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I certify that the above named student, and I, the parent/guardian of the above student, are residents of the Jackson-Milton Local School District, and we reside at the address indicated. Residency is defined as the location at which you and the child sleep and eat most meals. IT IS A CRIMINAL OFFENSE SUBJECT TO FRAUD CHARGES TO FALSIFY RESIDENCY.

ADDITIONAL INFORMATIONAL/MATERIALS REQUIRED BY STATE LAW

If child custody has changed or been updated, please provide the signed legal documents that show the change.

Please circle and attach photocopies of appropriate documentation-**one from each column.**

Column 1

1. House Closing Papers
2. Deed
3. Mortgage Documents
4. Building Permit
5. Rental Agreement/Lease
6. Notarized Parent Residency Affidavit (on back)

Column 2

1. **Two** current utility bills
2. **Two** current charge statements
3. Drivers License
4. Tax statement

FOR OFFICIAL USE-TO BE COMPLETED BY SCHOOL ADMINISTRATOR

APPROVED FOR ENROLLMENT _____ TEMPORARY APPROVAL _____

School	Signature of Administrator	Date
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