

Change of Address



Parent/Legal Guardian 1:

Name: _____ Relationship to Student: _____
last first middle initial

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

Parent/Legal Guardian 2:

Name: _____ Relationship to Student: _____
last first middle initial

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

- I have moved within the district and would like to update my address. My student(s) is still residing in the current address.
- My student(s) listed below has moved within the district and would like to update our address.

Student 1 Name: _____ Grade: _____ School: _____
last first

Student 2 Name: _____ Grade: _____ School: _____
last first

Student 3 Name: _____ Grade: _____ School: _____
last first

Student 4 Name: _____ Grade: _____ School: _____
last first

Old Address:

Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

New Address:

Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

Move in date: _____

Please attach a copy of your lease/closing paperwork. An official address change cannot be made without this documentation.
Note: If you are moving into a different school boundary than where your child(ren) currently attend, please contact Student Information at studentinfo@sspps.org or call (651) 457-9470.

PARENT/GUARDIAN SIGNATURE

Signature: _____ Date: _____
Parent/Legal Guardian