

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**STUDENT CHANGE OF ADDRESS FORM**

Student Name:  
Student Name:  
Student Name:

School:  
School:  
School:

Grade:  
Grade:  
Grade:

<i>Previous Address</i>	<i>New Address</i>
<i>Previous Phone Number</i>	<i>New Phone Number</i>

**Effective Date:**

*(date for which this change will go in effect)*

**Did Whole Family Move?**

*(If No, Please Explain):*

**\*\*Proof of residency must be provided verifying this new address\*\***- *current lease, Warranty Deed, current mortgage statement, most recent tax bill*

**Parent Signature:**

**Date:**

**Staff Signature:**

**Date:**

*Info Provided by if other  
that parent:*

*Date:*

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**(For Central Office Use Only)**

***Changes made in Infinite  
Campus :***

***By:***

***Date:***