Marshall Public Schools - Change of Address Form

[You Must Provide Proof of Residency]

Student Name: _____ Grade:____ Effective Date: _____

Student's Old Address Information:

_____ _____ _____ _____
Street Address and Name City Zip Code Phone

_____ _____
Township (if applicable) School District

Did your child have MPS bus service at your old address? _____Yes _____No

Student's New Address Information:

_____ _____ _____ _____
Street Address and Name City Zip Code Phone

_____ _____
Township (if applicable) School District

If available, do you desire bus service from MPS at your new address? _____Yes _____No

Do you (check one) ☐Own ☐Rent ☐Other _____

Use this space to indicate additional information that needs to be changed such as parent work phone numbers, etc._____
_____

_____ _____
Parent Signature Date

For Office Use Only

If student is a transportation student fax this form to the Transportation Department.

Transportation Department fax number is 789-3711.

Faxed on _____ by _____
Date Employee Name