



Student Demographic/Address Change Form

(Please Include All Students Attending Liberty Public Schools)

For Office Only	
Power School	_____
Email Building(s)	_____
Residency Affidavit	_____

1. Student		Grade	
	First Name	Middle Name	FULL Last Name
DOB	Current School	New School	

2. Student		Grade	
	First Name	Middle Name	FULL Last Name
DOB	Current School	New School	

3. Student		Grade	
	First Name	Middle Name	FULL Last Name
DOB	Current School	New School	

4. Student		Grade	
	First Name	Middle Name	FULL Last Name
DOB	Current School	New School	

SECTION 1 – COMPLETE IF ADDRESS HAS CHANGED

All parents/guardians who have students currently enrolled in Liberty Public Schools, and change residence within the Liberty Public Schools attendance boundaries, will need to report their new residential address to the Student Services Office.

Residential documentation will be required to verify the new address.

Acceptable residential documentation includes one of the following: (All documents must be dated within the last 60 days.)

- **A Signed Lease agreement** containing the parents/guardians name and new residential address.
- **Non-Contingent Home Sales Contract** containing the parents/guardians name and new residential address.
- **Settlement Statement** for a home purchase (provided by the Title Company)
- **Two Different Utility Bills (gas, water, or electric)** containing the parents/guardians name and new service address.

OLD Family Address	Apt/Unit #	City	State	Zip Code
NEW Family Address	Apt/Unit #	City	State	Zip Code

The answers to this residency information helps to determine the services the student may be eligible to receive.

1. Is your new address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

I affirm that all information provided on this form is true and correct. I understand and agree that if it is later determined that one or more students enrolled are not legal residents of Liberty Public Schools, District 53 such students will be withdrawn immediately from Liberty Public Schools. I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

PARENT/GUARDIAN NAME (please print): _____

First Name

Last Name

PARENT/ GUARDIAN SIGNATURE: _____ Date: _____

SECTION 2 –CONTACT INFORMATION (please list contacts in order of priority, with 1 being first).

***If additional contacts are needed, please print this page twice.**

1. Name (first and last): _____ Relationship to student: _____

Preferred phone #: _____ Accepts SMS/Text messages? Yes/No Additional phone #: _____
(Please circle one:Home/ Cell/ Work) (Please circle one:Home/ Cell/ Work)

EMAIL Address _____ Employer Name _____
(Only applicable for Mother,Father or Guardian) (Only applicable for Mother,Father or Guardian)

(Please check all that apply) Lives with Student: Emergency Contact: Legal Custody: Can pick up:

2. Name (first and last): _____ Relationship to student: _____

Preferred phone #: _____ Accepts SMS/Text messages? Yes/No Additional phone #: _____
(Please circle one:Home/ Cell/ Work) (Please circle one:Home/ Cell/ Work)

EMAIL Address _____ Employer Name _____
(Only applicable for Mother,Father or Guardian) (Only applicable for Mother,Father or Guardian)

(Please check all that apply) Lives with Student: Emergency Contact: Legal Custody: Can pick up:

3. Name (first and last): _____ Relationship to student: _____

Preferred phone #: _____ Accepts SMS/Text messages? Yes/No Additional phone #: _____
(Please circle one:Home/ Cell/ Work) (Please circle one:Home/ Cell/ Work)

EMAIL Address _____ Employer Name _____
(Only applicable for Mother,Father or Guardian) (Only applicable for Mother,Father or Guardian)

(Please check all that apply) Lives with Student: Emergency Contact: Legal Custody: Can pick up:

4. Name (first and last): _____ Relationship to student: _____

Preferred phone #: _____ Accepts SMS/Text messages? Yes/No Additional phone #: _____
(Please circle one:Home/ Cell/ Work) (Please circle one:Home/ Cell/ Work)

EMAIL Address _____ Employer Name _____
(Only applicable for Mother,Father or Guardian) (Only applicable for Mother,Father or Guardian)

(Please check all that apply) Lives with Student: Emergency Contact: Legal Custody: Can pick up:

I authorize officials of Liberty Public Schools to contact the persons I have designated as emergency contacts and in the event my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary, in their judgment, for the health and safety of the aforesaid children. Expenses, including any incurred as a result of emergency ambulance use or treatment by a physician will not be borne by the District. I affirm that all information provided on this form is true and correct.

PARENT/GUARDIAN NAME (please print): _____

First Name

Last Name

PARENT/ GUARDIAN SIGNATURE: _____ Date: _____