



UPPER ARLINGTON SCHOOLS

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Change of Address Form

1619 Zollinger Rd, Upper Arlington, OH 43221

In order for this Change of Address to be processed, you must provide this completed form, your photo ID and Proof of Residency*.

Date Received: _____

Effective Date: _____

Student Names(s) First and Last	Student Number	Grade	Current School	New School

Previous Address (Street, City, Zip): _____

New Address (Street, City, Zip): _____

If lease, expiration date and renewal terms _____

Custodial Parent Completing Form (Print): _____

Contact Email: _____ Contact Phone: _____

Custodial Parent Signature: _____

Has there been any change in custodial parents' marital status?

YES NO

If answered yes, you must provide current court orders/decrees

Non-residential Parent Address and Phone Information:

Name: _____

Address: _____ City _____ Zip _____

Office Use Only
 Received by: _____
 PS _____ Email _____
 CUM _____

- *Items accepted for Change of Address Processing
- **Current Mortgage Statement** with the name(s) of parent(s)/guardian(s) listed.
 - **Summary page from the Franklin County Auditor's Office** website
 - **Current, Signed Rental/Lease Agreement** with name(s) of parent(s)/guardian(s) and ALL residents listed including students/children's names
 - **Purchase/Contract Agreement** to buy property.
 - **Residency Affidavit form 511f2b** if you are living with a relative who resides within the district. The homeowner must provide proof of residency. **The Affidavit must be renewed at the beginning of each school year.**