



# CHANGE OF ADDRESS FORM

- Homeowner
- Renter
- Other (Specify) \_\_\_\_\_

Please provide the information requested below so that we may make the requested address change. Cases in which residency is in question, school officials can investigate by making a home visit. Residency verification is a parent's responsibility and falsification of information provided on this document **will be grounds for immediate cancellation of enrollment.**

**NOTE:** There is no provision for nonresident families who live in the region to claim residency for their student(s) in the district because they have made arrangements to live with a family member or friend who lives within the district boundaries. There is no provision for resident or nonresident families to maintain a second residence within the district solely for the purpose of enrollment at a specific school.

**The following documents are required for Change of Address in the Issaquah School District:**

- Residence Verification-Purchase Papers OR Property Tax Statement OR Full Lease Agreement including signature page on Company Letterhead.
- PSE Bill-This bill must include the parent/guardian's name, the address and no older than 30 days. If you are renting/leasing your residence in which all utilities are included in your rent, you can provide an Affidavit of Residence with a Sponsor/Landlord. Notarization is required.

<u>Student:</u> Last Name	First Name	School	Grade		
<u>Guardian:</u> Last Name	First Name	Primary Phone	Second Phone	Relationship to Student	
<input type="checkbox"/> Please check if Primary Phone is confidential.					
Resident Address	Street	Apt #	City	State	Zip

**Please do not sign this form if any statements above are incorrect.**

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Issaquah Public Schools. I agree to notify the Issaquah School District in writing within five (5) school days following any change of my/our residency."

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** To be signed below by the School Official who verified residency documents checked above.

School Official: \_\_\_\_\_ Date: \_\_\_\_\_