



## CHANGE OF ADDRESS FORM

NSD ID# \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**To officially change your student's address, you are requested to reestablish residency. In order to enroll in school, state law requires that a student reside within the district boundaries and be able to prove residency or have been approved for a waiver.**

Student: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

New address: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Please list below the names of additional siblings living at this new address who attend the Northshore School District:

Student: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**To verify residency, you must provide two of the items listed below. All addresses on the documents must include the parent/guardian's name and match the address of your residence.**

**Please bring original documents to the school.**

***\*A copy of your current PSE or Snohomish PUD bill and One of the following as it applies:***

***\*Renters: a fully signed (signed by you and the property owner), current lease agreement  
or***

***\*Homeowners: a copy of your homeowner's insurance policy declarations pages***

**\*\*If you are part of the Washington State Address Confidentiality Program, an official letter from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Northshore School District. You must submit a renewed letter to the school **each year**.**

**I acknowledge and agree to the following (please initial each statement below):**

\_\_\_\_\_ My student resides with me at least four (4) nights per week at the address listed above, which is my primary residence. Note: If your student does not reside with you at least four (4) nights per week at the above-listed address, please initial here and attach a written explanation of where and with whom your child resides each day of the week.

\_\_\_\_\_ I agree to notify the District/School within five (5) days when I change my residence or that of my student to a new address, either within or outside of the District.

\_\_\_\_\_ The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of investigators to verify residency status. Verification may include home visits.

\_\_\_\_\_ Investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and disenrollment from the district.

**By signing this form, I certify that all information is true and correct and that all documents submitted have not been altered or falsified in any way.**

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Parent/Guardian Print Name\_\_\_\_\_  
Date