

Change of Address Form

☐ Secondary Address (check box)



Provide proof of the new address with a lease, mortgage, or current utility bill (gas/water/electric only)

NEW Address: _____ City, State, Zip: _____

Primary Household Phone: _____ Effective/Move Date: _____

OLD Address: _____ City, State, Zip: _____

List Parent/Guardians (adults) moving to the new address :

Name

Relationship to Student

_____	_____
_____	_____

List ALL students moving to the new address (New enrollment forms are NOT needed if changing schools)

- If student will be changing enrollment to the new attendance area school, mark **Yes** in the 'Change Enrollment for Current Year' column.
- If student will be continuing at the school they are currently attending, mark **No** in the 'Change Enrollment for Current Year' column.
- In the 'Attending Next School Year' column - indicate if student will continue at the school they are currently attending (or next feeder school if in a transition year), or if the student will be changing enrollment to their new attendance area for the next school year.

Student Name (Attach list if more space needed)	Currently Attending	Change Enrollment for Current Year	Attending Next School Year
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Notes:

- If you choose to remain at a non-attendance area school(s), this may be revoked for habitual truancy and/or a student behavior that has been reviewed by the designated District administrator and has gone through the formal disciplinary process for violations of Board of Education policy or the student Code of Conduct.
- Transportation to the non-attendance area school(s) is the responsibility of the parent/guardian.
- Students who are in a bilingual classroom may need their enrollments evaluated by the Multi-Language Department before changing schools.

Parent/Guardian Signature

Date

For School Office Use Only:

New Home Attendance Area: (Elem) _____ (Middle) _____ (High) _____

Address verified by: _____ / _____ Document used: _____ Date: _____

(Initials/School)

Out of Home Placement: ☐ Yes ☐ No

(Revised 01/09/2026)