



School District Of The City Of Pontiac
OFFICE OF STUDENT SERVICES
Tonya Dixon, Director

Change of Address

Complete To Change Your Home Mailing Address

Parent Name: _____
First Name Last Name

New Address: _____
City Zip Code

Old Address: _____
City Zip Code

Phone Number: _____ ☐ Cell Phone ☐ Work Phone ☐ Home Phone

Parent Email Address: _____

Student's Name: (First and Last Name)	Date of Birth	School	Grade

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

☐ New Home School attendance area: _____

☐ Transferring to New Home School

☐ Requesting to remain at current school

- Internal School Transfer Form completed by parent and forwarded to building for approval.
- Approved by building Administrator based on parameters on Internal School Transfer Form.

☐ Student is allowed to remain through the _____ school year.

☐ Student is allowed to remain until promotion out of school.

Comments: _____

Faculty Signature: _____ Date: _____