DECA PREP
Dayton Early College Academy

Change of Address Form

Student Name: _____

NEW ADDRESS: _____

Street Name City, State Zip

OLD ADDRESS: _____

Street Name City, State Zip

NEW PHONE #: _____ OLD PHONE #: _____

THIS FORM MUST BE ACCOMPANIED BY ONE OF THE FOLLOWING PROOF OF RESIDENCY DOCUMENTS:

- ❑ Utility Bill
- ❑ Lease/Mortgage Agreement
- ❑ Court-Ordered Placement Letter
- ❑ Other: _____

PROOF OF ADDRESS MUST BE IN THE PARENT OR GUARDIAN'S NAME AND DATED WITHIN THE LAST 60 DAYS. ACCEPTABLE DOCUMENTS MUST PERTAIN TO THE FAMILY RESIDENCE.

PLEASE INCLUDE THE NAME(S) OF ANY OTHER STUDENTS LIVING IN THE HOME WHO ATTEND DECA PREP:

_____ _____

_____ _____

_____ _____

PERSON REQUESTING CHANGE OF ADDRESS

_____ _____

NAME PRINT RELATIONSHIP TO STUDENT

_____ _____

SIGNATURE DATE