

**ADDRESS CHANGES MUST BE SUBMITTED WITH TWO PROOFS OF RESIDENCY**

Student's Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone # (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_

Student's Current School \_\_\_\_\_ Grade \_\_\_\_\_

Effective Date For Address Change \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*FOR CENTRAL OFFICE USE ONLY\*\*\*\*\*

Address Change Taken By/Date \_\_\_\_\_

New Building Assignment \_\_\_\_\_

New Bus Stop \_\_\_\_\_

New Bus Number – a.m. \_\_\_\_\_ New Bus Number – p.m. \_\_\_\_\_