CHANGE OF ADDRESS FORM

SCHOOL NAME:_____

ADDRESS VERIFICATION *MUST* BE ATTACHED TO CHANGE YOUR ADDRESS

Student Name _____ Grade_____

Student ID #_____ BUS # (AM) _____ (PM) _____

Sibling Name _____ Sibling School _____

Sibling Name _____ Sibling School _____

Sibling Name _____ Sibling School _____

NEW Home Address:_____APT. #_____

City:_____ ZIP CODE_____

DIFFERENT Mailing Address**:**_____

City:_____ ZIP CODE_____

Home Telephone **(Mom):** _____ Work _____ Cell: _____

Home Telephone **(Dad)**: _____ Work _____ Cell: _____

Parent / Guardian LEGAL NAME: _____

Parent/ Guardian E-mail address_____

Parent/Guardian **Signature: (required)** _____

Required Proof of Address Verification = ONE of the following:

~ Current Electric, water, cable or land-line telephone bill **showing physical service address**.

~ **SIGNED LEASE AGREEMENT or STATEMENT FROM LANDLORD** on their letterhead verifying occupancy**. ** Leases and Landlord statements may require verification. Additional documentation may be required prior to registration or change of address***.

~ Homestead Exemption Card.

~ Mortgage Acceptance letter showing name, loan number & property address.

~ Living with relatives or friends? Please attach a letter from them listing your name and the names of your children, stating that you are living at their address AND a copy of one of the documents listed above to verify their address.

School Fax # **School Phone #**

OFFICE USE ONLY: _____SILK/MF_____DATE CHANGED _____FDesk _____Clinic _____T/O

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