



ADDRESS CHANGE FORM

Office Use Only:

Student ID # _____

Change Date: _____

School: _____ Grade _____

Transportation _____

Student's Last Name	First Name	Middle Initial	Date of Birth
Previous Home Address:			
Street	Apt. #	City	Zip Code
New Address:			
Street	Apt. #	City	Zip Code
Home Phone	Business Phone	Cell Phone	

ATTACH PROOF OF RESIDENCY:

Current utility bill (water or electric), lease/rental agreement*, purchase contract, residency affidavit.

*Rental/Lease agreement must list names of all occupants

Please respond to the following questions.

Are you the custodial parent? Yes No

Is the move a result of a divorce/change of custody? Yes No

If **yes**, please provide a copy of the new custody arrangement.

Please complete the following section and list all siblings at this residence.

Student Name (Last, First, Middle)	Building of Attendance	Grade

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student(s) and that this information is true and correct.

Parent/Guardian (print name)	
Parent/Guardian Signature	Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of (6) months imprisonment or a fine of \$1,000 or both