

# ADDRESS CHANGE REQUEST

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Effective Date \_\_\_\_\_

**Please attach proof of residency to this form.**

Valid proof of residency documentation: current utility bill, rent receipt, phone bill, lease / purchase agreement, etc. containing custodial parent/guardian name, address, and current date.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Printed Name