



## Pupil Personnel Services

# REQUEST FOR CHANGE OF ADDRESS

Please complete and submit to the Registrar's Office

Date \_\_\_\_\_

Name of Parent(s) Guardian(s) \_\_\_\_\_

Name of child #1 \_\_\_\_\_

Name of child #2 \_\_\_\_\_

Name of child #3 \_\_\_\_\_

Your Former Address: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent or Guardian must sign the form below and be prepared to show proof of guardianship and identification.**

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

Please show one or more of the documents below as proof residency.

- Deed
- Mortgage statement
- Lease
- Most recent utility bill

- License
- Notice from Government Agency
- Financial Statement