[School Name]
Student Address Change Form

Student Information

Full Name: _____
Student ID (if applicable): _____
Grade Level: _____
Date of Birth: _____

Previous Address

Street Address: _____
City: _____ State: _____ Zip: _____

New Address

Street Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian Information

Parent/Guardian Name: _____
Phone Number: _____
Email Address: _____

Effective Date of Change

Date New Address Takes Effect: _____

Additional Household Information (Optional)

Names of Other Students in Household:

Transportation Update (if applicable)

Will this change affect bus transportation?
☐ Yes ☐ No

If yes, please describe:

Required Documentation

(Please attach copies of the following)
☐ Proof of New Address (utility bill, lease agreement, etc.)
☐ Parent/Guardian ID

Acknowledgment & Signature

I certify that the information provided is accurate and complete. I understand that providing false information may affect enrollment status.

Parent/Guardian Signature: _____
Date: _____

Student Signature (if applicable): _____
Date: _____

For School Use Only

Date Received: _____
Processed By: _____
Proof of Address Verified: ☐ Yes ☐ No

Notes: