STUDENT ADDRESS CHANGE FORM

To update a student's address, complete and return this form to Central Registration, 7946 Beechmont Ave. with proof of residency (closing statement, property tax bill, mortgage statement, deed or lease agreement).

Office Use Only

School Year _____

School _____

Grade_____

Student Name_____

Legal Last Name *Legal First Name* *Legal Middle Name* *Preferred Name*

Sex ☐ Male ☐ Female **Date of Birth (mm/dd/yy)**_____ **Home Phone**_____

Home Address_____ **City**_____ **Zip**_____

LEGAL GUARDIANSHIP

Are you the natural/adoptive parents of the above student? ☐ Yes ☐ No

If "no", what is your relationship to the above student?_____

Status of natural parents ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Single/Never Married

If "divorced", who has legal custody? ☐ Mother ☐ Father ☐ Shared Parenting

PARENT CONTACT INFORMATION

Please provide information on father and mother, including contact numbers, regardless of marital status.

The person who resides at the address below is
☐ Mother ☐ Father ☐ Guardian ☐ Foster Parent

☐ **Check this box if the child resides at the address below**

Name_____

Address_____

Home phone(_____)_____

Cell (_____)_____

Email_____

The person who resides at the address below is
☐ Mother ☐ Father ☐ Guardian ☐ Foster Parent

☐ **Check this box if the child resides at the address below**

Name_____

Address_____

Home phone(_____)_____

Cell (_____)_____

Email_____

FAMILY INFORMATION

Please list the names and grades of siblings who are currently enrolled in Forest Hills School District.

Name_____ **Grade**_____

Name_____ **Grade**_____

Name_____ **Grade**_____

Name:_____ **Grade**_____

PARENT/GUARDIAN SIGNATURE

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 and that this information is true and correct. **I also understand that all documents must be received before the change can be processed.**

Parent/Guardian Signature _____ **Date**_____

FOR OFFICE USE ONLY

Entry Date_____

Student #_____

Address Change Only____Y____N

Intra-district Transfer____Y____N

Returning from JVS ____Y____N

Will attend JVS ____Y____N

Bus Routes Alternative Transportation ☐ Y ☐N

AM Rte# _____ Time _____

Noon Rte# _____ Time _____

PM Rte# _____ Time _____

Revised 5/22/18