

Student Change of Address Form
*Please provide **two** proof of address and ID*

Student's Information:

First Name	MN	Last Name	Grade	School Attending
First Name	MN	Last Name	Grade	School Attending
First Name	MN	Last Name	Grade	School Attending
First Name	MN	Last Name	Grade	School Attending

Parents/Guardians Info:

Mother/Guardian's Name: _____		
Home Number: _____	Cel Number: _____	Work Number: _____
Email: _____ Same address as student(s): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Father/Guardian's Name: _____		
Home Number: _____	Cel Number: _____	Work Number: _____
Email: _____ Same address as student(s): Yes <input type="checkbox"/> No <input type="checkbox"/>		

New Address

Number and Street: _____		
City: _____	State: _____	Zip Code: _____

Previous Address

Number and Street: _____		
City: _____	State: _____	Zip Code: _____

Parent/Guardian's Signature: _____	Date: _____
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For office use only

SASID: _____	Proof of Address: One <input type="checkbox"/> Two <input type="checkbox"/>	Processed by: (please make note in Aspen)
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Is Family Homeless: _____
Notes: _____