



Change of Address Form

Student Change of Address Form

CHANGES WILL NOT BE MADE IN OUR COMPUTER SYSTEM UNTIL PROPER VERIFICATION IS RECEIVED

Change of Address: Requires **TWO (2)** valid proofs of residency for the new address (purchase or lease agreement, utility bill, insurance statement, pay stub, or other official mail).

Change in Custody: Requires proof by court order (must be certified copy signed by a judge).

Emergency Medical: If contacts have changed please update student's Emergency Medical Form.

Return completed form and required documents to your child's school office.

Students Name(s)	Building Attending	Grade

Today's Date: _____

Effective Date: _____

1. Has this move resulted from a change in custody? ____ Yes ____ No

***If yes, please provide new Custody papers and complete a new Emergency Medical Form.**

2. Who has legal custody of student(s)? _____
Name Relationship to Student

3. Child lives with: ____ Both Parents ____ Mother Only ____ Father Only ____ Other: _____

New Address:

Old Address:

Phone Number: _____

Will you need transportation for your student(s) at the new address? _____

Parent/Guardian Signature

Date

Superintendent of Schools: Mrs. Toni Viscounte 510 N. 14th St. Sebring, OH 44672 330-938-6165
 Jr./Sr. High Principal: Mr. Joe Krumpak 225. E. Indiana Ave. Sebring, OH 44672 330-938-2963
 Elementary Principal: Mrs. Heather Whipkey 506 W. Virginia Ave. Sebring, OH 44672 330-938-2025