

CLINTON-MASSIE LOCAL SCHOOL DISTRICT



STUDENT CHANGE OF ADDRESS FORM

**In order to change your address, we need you to provide a proof of residence. We will accept the following:

1. A copy of a current utility bill (water, gas, electric) showing your name & address
2. Property tax bill
3. Notarized rental or lease agreement listing all occupants

Student Information

| | | | | |
|----|-----------------|-------|-------|----------|
| 1. | _____ | _____ | _____ | _____ |
| | Name of Student | Grade | DOB | Building |
| 2. | _____ | _____ | _____ | _____ |
| | Name of Student | Grade | DOB | Building |
| 3. | _____ | _____ | _____ | _____ |
| | Name of Student | Grade | DOB | Building |
| 4. | _____ | _____ | _____ | _____ |
| | Name of Student | Grade | DOB | Building |

Address Information

Previous Address: _____

New Address: _____

Phone Number _____

Parent's Signature

Date

****Please return to Rhonda Smith in the Board of Education office when complete****