



## CHANGE OF ADDRESS FORM

**PLEASE PRINT CLEARLY**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
*last first middle*

Legal Custodial Parent/Guardian(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*(student lives with)*

**Student's Mailing Address** \_\_\_\_\_  
*mailing address town zip*

Student's **Physical** Address \_\_\_\_\_  
*street address town zip*

**Town of Residence:** \_\_\_\_\_

Phone contact information:

Mother: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\*\*\*\*

Alternate Legal Parent: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*(living at a different address)*

Address \_\_\_\_\_  
*address town/state zip*

Phone contact information: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Check here if non-custodial parent should receive all mailings

\*Check here if student lives 50/50 with both parents

Legal Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Move: \_\_\_\_\_

**\*\*\*Note – proof of residence at new address must accompany this form.**  
(verification from town office, current utility bill, rent receipt, purchase & sales agreement with closing date, voter registration card – any of which must show residential street address)  
Thank you.