We've Moved!

DAYTON PUBLIC SCHOOLS
CHANGE OF ADDRESS FORM

NEW ADDRESS: _____ ZIP CODE 454_____

OLD ADDRESS: _____ ZIP CODE 454_____

NEW PHONE# _____ OLD PHONE#_____

TYPE OF VERIFICATION* OF ADDRESS PROVIDED

- □ UTILITY BILL
- □ LEASE/MORTGAGE AGREEMENT
- □ PLACEMENT LETTER
- □ CHECKSTUB
- □ MONTHLY MEDICAL CARD
- □ OTHER: _____

***VERIFICATION MUST BE IN THE PARENT OR GUARDIAN'S NAME AND NOT EXCEED 60 DAYS.**

WILL YOUR CHILD BE PICKED UP OR DROPPED OFF FROM SOMEONE ELSE'S HOME OR FROM A CHILDCARE CENTER? □ YES □ NO

IF YES, YOU WILL NEED TO COMPLETE A CHILD-CARE PROVIDER FORM AT THE STUDENT ENROLLMENT CENTER.

PLEASE LIST THE NAMES OF ALL YOUR STUDENTS LIVING IN THE HOME WHO ATTEND DAYTON PUBLIC SCHOOLS OR CHARTER SCHOOLS:

Student's Name	DOB	Current School

PERSON REQUESTING CHANGE OF ADDRESS

_____ _____ _____

Signature Relationship Date

STOP HERE!

EMPLOYEE COMPLETING CHANGE OF ADDRESS TRANSACTION: _____

FORM COMPLETED AT: **□ School** **□ Student Enrollment Center**

REVISED 3/9/17