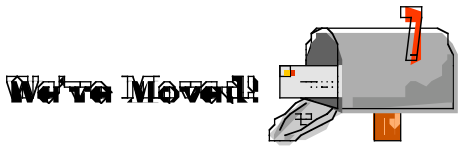

DAYTON PUBLIC SCHOOLS
CHANGE OF ADDRESS FORM

(Please press firmly—you are making 3 copies)

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
- ☐ CHECK STUB
- ☐ 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 CHILD-CARE CENTER? ☐ YES ☐ NO

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

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

Name	Current School	Student ID #

PERSON REQUESTING CHANGE OF ADDRESS

_____ _____ _____

Signature Relationship Date

STOP HERE!

EMPLOYEE COMPLETING CHANGE OF ADDRESS TRANSACTION: _____

FORM COMPLETED AT: ☐ **School** ☐ **Student Assignment Office**

White - School Yellow - SAO Pink - Parent

DPS Form #19560
Revised 3/5/10