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 ☐ CHECK STUB
☐ LEASE/MORTGAGE AGREEMENT ☐ MONTHLY MEDICAL CARD
☐ PLACEMENT LETTER ☐ 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:

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<tr>
<th>Name</th>
<th>Current School</th>
<th>Student ID #</th>
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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