



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 MUST BE PROVIDED

- |                                                                                                                                            |                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> LEASE AGREEMENT<br><input type="checkbox"/> MORTGAGE STATEMENT<br><input type="checkbox"/> DEED/PROPERTY TAX BILL | <input type="checkbox"/> CHECKSTUB<br><input type="checkbox"/> UTILITY BILL<br><input type="checkbox"/> GOVERNMENT/COURT DOCUMENT<br><input type="checkbox"/> JOBS & FAMILY DOCUMENT<br><input type="checkbox"/> OTHER _____ |
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**\*VERIFICATION MUST BE IN THE PARENT OR GUARDIAN'S NAME AND NOT EXCEED 60 DAYS.**

PLEASE LIST THE NAMES OF ALL YOUR STUDENTS LIVING IN THE HOME WHO ATTEND DAYTON PUBLIC 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