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**CHANGE OF ADDRESS
PROOF OF RESIDENCY IS REQUIRED**

STUDENT NAME: _____ GRADE: _____

NEW ADDRESS: _____

CITY, STATE ZIP: _____

NEW PHONE NUMBER: _____

RESIDENT SCHOOL DISTRICT: _____

EFFECTIVE DATE: _____

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OLD ADDRESS: \_\_\_\_\_

FORMER SCHOOL DISTRICT: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_