



This box - CPS Use Only:

Student ID [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Entry Date \_\_\_/\_\_\_/\_\_\_ Entry Code \_\_\_\_\_
Homeroom \_\_\_\_\_ Staff Initials \_\_\_\_\_

Student Change of Address Form

Today's Date \_\_\_/\_\_\_/\_\_\_

Current School Year \_\_\_\_\_ Current School Name \_\_\_\_\_

Dear Parent/Guardian, Thank you for updating your child's demographic information. When completing this form the student's legal name must be entered. The following must accompany this form, proof of address (within 30 days), a valid photo State issued ID and copy of the student's Birth Certificate or court documents. Please remember to print or type. Thank you.

STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_
Birthdate \_\_\_/\_\_\_/\_\_\_ Gender (Check One) [ ] Male [ ] Female Current Grade \_\_\_\_\_

PREVIOUS ADDRESS

Home Address \_\_\_\_\_ Apt. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NEW ADDRESS

Home Address \_\_\_\_\_ Apartment Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Phone \_\_\_\_\_ Unlisted? [ ] No [ ] Yes

PARENT/GUARDIAN/OTHER (Person completing the Student Change of Address Form)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Resides with Student? [ ] No [ ] Yes
[ ] Mother [ ] Father [ ] Guardian [ ] Stepparent [ ] Foster parent \* [ ] Grandparent\*\*\* [ ] Surrogate Parent\*\*\* [ ] Other\*\*\*

\*Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Unlisted? [ ] No [ ] Yes District of Residence \_\_\_\_\_

Cell Phone \_\_\_\_\_ Receive Text Messages? [ ] No [ ] Yes

Email Address \_\_\_\_\_ Would you like a Parent PowerSchool Account? [ ] No [ ] Yes

\* If foster parent, obtain a current copy of court order showing district of responsibility. Retain in cumulative file.

\*\* If address is different from student's address; addresses required for natural or adoptive parents.

\*\*\* If parent is not custodial, include copy of Grandparent Power of Attorney (POA) and Caregiver Authorization.

To Staff: If student is in foster placement fax this form to Transportation at 513-363-0325. Thank you.

TEMPORARY LIVING ARRANGEMENTS The following questions address the McKinney-Vento Act 42 U.S.C. 11435.

Answers to these questions will help determine what services the student may be eligible to receive.

Is student's current address a temporary living arrangement? [ ] No [ ] Yes

Is this temporary living arrangement due to loss of housing or economic hardship? [ ] No [ ] Yes

Where is the student living now?

[ ] In a motel or hotel [ ] Doubled up with family or friend [ ] In a homeless shelter [ ] Unaccompanied youth
[ ] Other (a place not designed for ordinary sleeping accommodations)

To Staff: If answered "Yes" to temporary living arrangements, the student is entitled to immediate enrollment. Please fax this page to Project Connect at 513-363-3220. Thank you.

I understand that any inaccurate information provided about this student may result in a change of grade level, a change of class, or an immediate transfer or withdrawal from this school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_