

Southwest Licking Local School District Change of Address Form



Student Information

<u>Name</u>	<u>School Building</u>	<u>Grade</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian Name(s) _____ New Home Phone (if applicable) _____

Former Address:

Current Address:

Verify current address by providing **2** proofs of residency from the following list:

- Current rental/lease agreement
- Deed or closing documents
- Current **Gas** Bill or service verification, showing service address
- Current **Electric** Bill or service verification, showing service address
- Current **Water** Bill or service verification, showing service address
- Current **Cable** Bill or service verification, showing service address
- Current **Trash** Bill or service verification, showing service address

Do/does the student(s) ride the bus? YES NO

If **yes**, you must submit an updated transportation form before bus information/routes can be changed. Please allow two (2) working days for changes to take place.

Parent/Guardian's Signature X _____

Date _____