



Wyoming City Schools STUDENT ADDRESS CHANGE FORM

To update a student's address, **this form must be completed and returned** to the Administrative Center at the Board of Education Office, 420 Springfield Pike, with proof of residency (closing statement, property tax bill, mortgage statement, deed or lease agreement). Office hours are Monday through Friday, 8:00 a.m. to 4:00 p.m.

Student Name _____
Legal Last name Legal First Name Legal Middle Name Preferred Name

Date of Birth (mm/dd/yyyy) _____ Home/Primary Phone (____) _____

New Address _____ City _____ Zip _____

LEGAL GUARDIANSHIP

Are you the natural/adoptive parent(s) of the above student? Yes No

If "No", what is your relationship to the above student? _____

Status of Natural Parents Married Divorced Widowed Separated Never Married

Is this a change in status since time of initial enrollment? Yes No

If divorced, who has custody? Mother Father Shared Parenting

PARENT CONTACT INFORMATION

Please provide information on father and mother, including contact numbers, regardless of marital status

The Primary Guardian resides at the address below :

Mother Father Other(designate) _____

Name: _____

Address: _____

Home Phone: (____) _____

Mobile Phone: (____) _____

Email: _____

The Additional Guardian resides at the address below:

Mother Father Other(designate) _____

Name: _____

Address: _____

Home Phone: (____) _____

Mobile Phone: (____) _____

Email: _____

FAMILY INFORMATION

Please list the names and grades of siblings who are currently enrolled in the Wyoming City School District.

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby state and declare under penalty of falsification that I am the parent or legal guardian of the above named student(s) and that this information is true and correct. **I also understand that all documents must be received before this change will be processed within the District's records.**

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Date Documents Received: _____ Date DASL Updated: _____