SOUTH LYON COMMUNITY SCHOOLS CHANGE OF ADDRESS/PHONE NUMBER

3 PROOF	S OF RESIDENCY RE	QUIRED FROM LIST BELOY	W
Student Name(s)		Grade(s)	
Current Building(s)		Effective Date of Change	
Parent/Guardian:			
Phone Number:			
New Address:			
	County:	Township:	
Old Address:			
Old Phone #:			
D. W. Singer	4		
Parent/Guardian Signa		Today's Date	
<u>on</u>	<u>Column I</u> e (1) required	<u>Column II</u> <u>two (2) required</u>	1000
Mortgage Document		Utility Bill – Gas, electric, phone, etc.	POR PARTIES AND PA
Property Tax Statement - (most recent)		Vehicle insurance document	VIII.0000000000000000000000000000000000
	ed only if you've moved into your lays. Signed by all parties with closing	Homeowners/renters insurance document Bank Statement	
date indicated.	anii in	Cable TV Bill	
	e Rental—All tenants and occupant's ginning/ending dates, must be on	Credit Card Statement	
lease. Lease must be sign	ned by both landlord and tenant.	Medical bill or health insurance statement	
	OFFICE USE	and lattices	

roofs of resider	icy:		and	initials:
ew address sch	nool boundary:		initials:	
Copies to:	☐ Transportation	☐ Data Processing	☐ Attendance	