

**SOUTH LYON COMMUNITY SCHOOLS**  
**CHANGE OF ADDRESS/PHONE NUMBER**  
 2 PROOFS OF RESIDENCY REQUIRED

Student Name

Grade

Current Building

Effective Date of Change

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

New Address: \_\_\_\_\_  
 \_\_\_\_\_

County: \_\_\_\_\_

Township: \_\_\_\_\_

Old Phone #: \_\_\_\_\_

Old Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Today's Date*

OFFICE USE

Proofs of residency: \_\_\_\_\_ and \_\_\_\_\_ initials:

New address school boundary: \_\_\_\_\_ initials:

- Copies to:**     Attendance                       Transportation                       Data Processing  
                                   Pupil Services                       Operations