

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