

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