

**SOUTH LYON COMMUNITY SCHOOLS  
CHANGE OF ADDRESS/PHONE NUMBER**

**2 PROOFS OF RESIDENCY REQUIRED**

Student Name(s)

Grade(s)

Current Building(s)

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