

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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