

**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