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

4/16/08