



CHANGE OF ADDRESS

Date _____

School South Douglas Elementary School

Student(s) Name(s) _____

Parent/Guardian Name _____

Phone number _____

Old Address: _____

City: _____ Zip Code _____

New Address: _____

City: _____ Zip Code _____

Other students enrolled at this address: _____

FOR OFFICE USE ONLY

Proof of Residency:

- ☐ Current Lease/Mortgage
- ☐ Current Utility Bill/Receipt (water, gas, electric, cable or internet)
- ☐ Multi if applicable

Clerk Signature _____