

## DISTRICT RESIDENT - CHANGE OF RESIDENT ADDRESS

<b>NEW RESIDENT ADDRESS</b>				
Student's Last Name:	Student's First Name:	Student's Middle Name:	Date of Birth:	Grade:
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship:	Phone Number: (    )	
Date of Move:	New Street Address:	City:	State:	Zip:

<b>OLD RESIDENT ADDRESS</b>				
Old Street Address:	City:	State:	Zip:	Phone Number (If different from above): (    )

<b>PROOF OF RESIDENCY DOCUMENT FOR NEW RESIDENT ADDRESS</b>
<p>Provide one of the approve proof of residency documents listed below for the student listed above.</p> <p> <input type="checkbox"/> Lease agreement with effective date, signatures and names of all parties living in the residence  <input type="checkbox"/> Current utility statement with resident's name and current address:                        <input type="checkbox"/> Gas                      <input type="checkbox"/> Electric  <span style="margin-left: 150px;"><input type="checkbox"/> Water</span> </p>

<b>BUS TRANSPORATION CHANGE</b>
<p>If your move changes your student's transportation, please contact Nelson's Bus Service, INC. at 608.221.8417 or email them at <a href="mailto:MononaGrove@NelsonsBusService.com">MononaGrove@NelsonsBusService.com</a></p>

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Entering your name indicates you affirm the information you entered is true and correct.)

<b>OFFICE USE – To be filled out by school official only.</b>	
Signature of Staff Member Receiving proof of residency verified document:	Date Received and Verified: