



Columbus City Schools Address Change Form

Students/Siblings living at the Same Address and Attending School (Add any additional students on a separate sheet of paper)

1st Student's Legal Name: (Please Print) _____
Last Suffix (if any) First Middle

Student Number: _____ **Birth Date: (MM/DD/YYYY)** _____ **Grade:** _____

Prior School: _____ **New School:** _____

2nd Student's Legal Name: (Please Print) _____
Last Suffix (if any) First Middle

Student Number: _____ **Birth Date: (MM/DD/YYYY)** _____ **Grade:** _____

Prior School: _____ **New School:** _____

3rd Student's Legal Name: (Please Print) _____
Last Suffix (if any) First Middle

Student Number: _____ **Birth Date: (MM/DD/YYYY)** _____ **Grade:** _____

Prior School: _____ **New School:** _____

4th Student's Legal Name: (Please Print) _____
Last Suffix (if any) First Middle

Student Number: _____ **Birth Date: (MM/DD/YYYY)** _____ **Grade:** _____

Prior School: _____ **New School:** _____

Primary/Residential Household (This is the address where the student(s) reside(s).)

Home Address: _____
House # Street Name Apt # City State Zip Code

Mailing Address: _____
House # Street Name Apt # City State Zip Code

Home Phone: _____ **Cell Phone:** _____
Unlisted: Yes No Unlisted: Yes No

Proof of address type: Builder's Statement Emancipation Employment Records Government Office
 Landlord's Statement Lease Recent Utility Bill Other _____

Dwelling type: Apartment House Other _____

Primary/Residential Parent or Guardian *(This is the primary/residential parent/guardian for the student(s) listed.)*

Name: (Please Print) _____ Gender: Male Female
Last First Middle

Employer: _____ Work Phone: _____ Has Custody?: Yes No

Cell Phone: _____ Email Address: _____

Parent Legal Guardian (by court) Stepparent Foster Parent Other: (specify) _____

Types of communications to receive from the school

Parent Portal Emails Mailings

Parent, Guardian, or Authorized Adult *(This is the second parent/guardian or authorized adult)*

Name: (Please Print) _____ Gender: Male Female
Last First Middle

Employer: _____ Work Phone: _____ Has Custody?: Yes No

Cell Phone: _____ Email Address: _____

Parent Legal Guardian (by court) Stepparent Foster Parent Other: (specify) _____

Types of communications to receive from the school

Parent Portal Parent Portal Parent Portal

Secondary Household *(This section should be completed if both parents **DO NOT** live in the Primary Household.)*

Home Address: _____
House # Street Name Apt # City State Zip Code

Mailing Address: _____
House # Street Name Apt # City State Zip Code

Home Phone: _____ Unlisted: Yes No
 Cell Phone: _____ Unlisted: Yes No

Name (Please Print)	Emergency Priority	Relationship	Home Phone	Work Phone	Cell Phone
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				

Verification of Information

Checklist/Office Use Only

By signing, I verify that all the information provided is true and verifiable to the best of my knowledge.

Parent/Legal Guardian Name (Printed): _____

Signature: _____ Date: _____

- Proof of Residency
- Parent/Guardian ID
- Custody Papers (If Applicable.)