



# 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)**

1<sup>st</sup> Student's Legal Name: (Please Print) \_\_\_\_\_  
Last Suffix (if any) First Middle  
Student Number: \_\_\_\_\_ Birth Date: (MM/DD/YYYY) \_\_\_\_\_ Grade: \_\_\_\_\_  
Prior School: \_\_\_\_\_ New School: \_\_\_\_\_

2<sup>nd</sup> Student's Legal Name: (Please Print) \_\_\_\_\_  
Last Suffix (if any) First Middle  
Student Number: \_\_\_\_\_ Birth Date: (MM/DD/YYYY) \_\_\_\_\_ Grade: \_\_\_\_\_  
Prior School: \_\_\_\_\_ New School: \_\_\_\_\_

3<sup>rd</sup> Student's Legal Name: (Please Print) \_\_\_\_\_  
Last Suffix (if any) First Middle  
Student Number: \_\_\_\_\_ Birth Date: (MM/DD/YYYY) \_\_\_\_\_ Grade: \_\_\_\_\_  
Prior School: \_\_\_\_\_ New School: \_\_\_\_\_

4<sup>th</sup> 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

Address Effective Date: \_\_\_\_\_ 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Unlisted:  Yes  No 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.)