

# Southgate Community School District

## STUDENT CHANGE OF ADDRESS FORM

Complete the following information and return to your child's school office to make changes to the current information that is on file.

Today's Date: \_\_\_\_\_

Student Name:

\_\_\_\_\_

New Address:

\_\_\_\_\_

\_\_\_\_\_

New Home Phone:

\_\_\_\_\_

New Cell Phone: \_\_\_\_\_ New Work Phone:

\_\_\_\_\_

New Email Address:

\_\_\_\_\_

Previous Address:

\_\_\_\_\_

\_\_\_\_\_

Previous Home Phone:

\_\_\_\_\_

IF NECESSARY, YOU MAY BE ASKED TO PROVIDE ADDITIONAL RESIDENCY INFORMATION.

Parent/Guardian (Print):

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Parent/Guardian Signature:

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Received by:

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