

WEST GEAUGA LOCAL SCHOOL DISTRICT

8615 Cedar Road
 Chesterland, OH 44026
 Phone: (440) 729-5900 Fax: (440) 729-5939

CHANGE OF ADDRESS FORM

DATE: _____ FAMILY NAME: _____

CHANGE OF ADDRESS IS BEING REQUESTED FOR THE FOLLOWING STUDENTS:

STUDENT NAME	GRADE	ATTENDING BUILDING

REASON FOR ADDRESS CHANGE:

FAMILY MOVING CHANGE IN CUSTODY OTHER: _____

ADDRESS CURRENTLY REPORTED:

STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

NEW ADDRESS:

STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

I certify, as legal parent/guardian, the information above is true and correct and have provided the West Geauga Local School District with current Proof of Residency (included with this form) to verify this information

Signature of Legal Parent/Guardian: _____

A copy of this form and any attached documentation MUST be sent to each building for each student file.

For Staff Use Only

New Address has been verified to be within West Geauga Boundaries

Yes No

New Proof of Residency has been received

Yes No

If Legal Custody has changed, complete legal document has been received and is included in each student file:

Yes No

 Signature of staff member verifying

 Date Verified