



CHANGE OF ADDRESS

1. Where is the student currently living?

- In permanent housing
- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (*sometimes referred to as "doubled-up"*)
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (*please describe below*)



If you selected anything other than "in permanent housing," please stop here and notify registration staff before continuing so that they can help determine if you are able to receive services under the McKinney-Vento Act, including immediate enrollment in school even if you do not have the documents normally needed

2. Student information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student last name	Student first name	Student middle name
<input type="text" value="day/month/year"/>	<input type="text"/>	<input type="text"/>
Date of birth	Student ID	Current school

3. Previous address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt. #	City	State	Zip code

4. New address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Apt. #	City	State	Zip code

Student lives with: Both parents Mother Father Guardian Foster care Other

5. Verify parent/guardian contact information

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Parent/guardian last name	Parent/guardian first name	Parent/guardian primary phone
	<input type="text"/>		<input type="text"/>
	Parent/guardian email	Parent/guardian work phone	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster care <input type="checkbox"/> Other			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Parent/guardian last name	Parent/guardian first name	Parent/guardian primary phone
	<input type="text"/>		<input type="text"/>
	Parent/guardian email	Parent/guardian work phone	
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster care <input type="checkbox"/> Other			

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/guardian completing this form (printed)	Parent/guardian completing this form (signature)	Date