

CHANGE OF ADDRESS FORM

Proof of residency **MUST** be attached if reporting a new address.
 (This can be a CURRENT water or electric bill, signed lease or Homestead Exemption Card.)

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REQUIRED Student Information: This section must be **completely** filled out.

Student Name: _____ Home Phone: _____
 (please do not list cell phone numbers here)

_____ Cape Coral _____ FL _____
 Home Address City State Zip

_____ Sibling Name (first and last) _____ Sibling School _____ Grade _____

_____ Sibling Name (first and last) _____ Sibling School _____ Grade _____

_____ Sibling Name (first and last) _____ Sibling School _____ Grade _____

_____ Sibling Name (first and last) _____ Sibling School _____ Grade _____

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OPTIONAL Parent Information (please do not complete if your information has not changed):

_____ First Name _____ Last Name _____ NEW Cell Phone _____

_____ First Name _____ Last Name _____ NEW Cell Phone _____

_____ First Name _____ Last Name _____ NEW Cell Phone _____

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REQUIRED Parent Approval (forms without signatures will not be processed):

Date: _____ Signature of Parent or Guardian _____

FOR OFFICE USE ONLY:				
FID #	CSADS <input type="checkbox"/>	Initials:	LCS mainframe <input type="checkbox"/>	Initials: