

Date filled out: _____

CHANGE OF ADDRESS FORM

*****PROOF OF RESIDENCY REQUIRED BEFORE CHANGES CAN BE CONSIDERED*****

District 833 requires two forms of proof for any address change

Lease - Purchase Agreement - city utility bill - EOB health form - payroll stub or print off - property tax bill
USPS change of address - mortgage statement - bank statement – home owners / renters insurance

Name _____ ID# _____ Grade _____ School _____

Name _____ ID# _____ Grade _____ School _____

Name _____ ID# _____ Grade _____ School _____

Name _____ ID# _____ Grade _____ School _____

Information obtained from (first and last name) _____ (i.e. Parent, Guardian, Student)

Move for EVERYONE in the family? _____ or just the student/s named above? _____

New Address: _____ Zip Code _____

(House number, Street, Apt or Unit #, City)

Dwelling type: _____ Single family _____ Apartment _____ Townhouse _____ Duplex _____ Other

Are you the only family living at this new address? _____ If not, name of other family: _____

Effective date of move: _____ New phone number: (____) _____

Non-custodial parent: Secondary Address Guardian Mail Portal Messenger

Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

IN-DISTRICT MOVE:

Does student plan to remain at present school for remainder of year on an Intra-District Transfer?

YES _____ NO _____ (If yes, parent/guardian must fill out an Intra-District Transfer for each student)

****If yes: Does student plan to continue at present school for the following school year on Intra-District Transfer?**

YES _____ NO _____

****If no: New School _____ Start date ____/____/____**

*****Note exception - If closed building, remains for school year and attends boundary building for next school year.**

OUT-OF-DISTRICT MOVE:

Currently on Open Enrollment? _____ Open Enrollment needed? _____ (If yes, OE form must be completed by parent/guardian)

Old Address: _____ Zip Code _____

(House number, Street, Apt or Unit # City)

School use only: Information taken by _____

Return or fax (651-425-6320) completed form to: Tanya /Student Information at DSC Ph:651-425-6236