CHANGE OF ADDRESS FORM

Student Name(s):			DOB:	Grade: Bus (Y/N):
 Last		First	Middle	
 Last		First	Middle ———————————————————————————————————	
Last First First First		First	Middle	
		First	Middle	
			Effective Date (For Bus):	
New Address:			Old Address:	
		Please pr	ovide proof of residency as follows (one from	each column)
Column A		nn A	Column B	Column C
Evidence of Residency		Residency	Evidence of Occupancy	Evidence of Identification
0 0 0 Rent 0	Deed Recent Mortgage Payment Fully Signed & Executed Purchase and Sales Agreement Property Tax Bill Ental: Fully signed and executed Lease and/or Rental Agreement (executed by both parties) with residents listed (includes HUD/Section 8 lease) Residency/Occupancy Affidavit or Notarized Letter		O Fuel Bill O Electric Bill O Water Bill O Cable Bill In Lieu of Electric Bill, a letter from Mansfield Electric with Account information can be provided. Bill must be dated within the last 30 days. Above must list parent/guardian name and valid street address of resident. If a bill cannot be provided then an Occupancy Affidavit or letter of residency must be notarized to	 Valid Driver's License Valid Photo Identification Card Valid Passport Other Government Issued Photo ID
All in	nformation in th	is application is tru	validate occupancy. e to the best of my knowledge; signed and certifie	d under the pains and penalties of perium
	ature of Parent		Print Name	

FORM CAN BE BROUGHT TO YOUR CHILD'S SCHOOL OR TO CENTRAL OFFICE (2 PARK ROW)

Print Name

The Mansfield Public Schools prohibits unlawful discrimination, harassment (including sexual harassment), and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, retaliation, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

Date

Signature of Resident if Other than above