S-12 (Rev. 2010)

CLOVERLEAF LOCAL SCHOOLS
CHANGE OF ADDRESS FORM

Copies: (2)
____ Building Secretary
____ Transportation
Route to ____ EMIS

Student Name_____ Student ID#_____

Student Date of Birth: _____ Student Grade _____

New Address_____
Street City Zip

Mailing Address (if different) _____

Phone Number_____ Effective Date: _____

Name of Parent/Guardian_____

Will student continue to live in the Cloverleaf Local School District and be educated by another school district or community school? _____ Yes _____ No

Provide one of the following documents as verification:

____ Title or escrow papers, mortgage booklet or statement, or homeowner's association fees statement

____ Current Utility bill: Gas, Water, Cable TV, Trash or Sewer with your name and address indicated on the document (telephone and cellular phone bills are NOT acceptable)

____ Lease Agreement/Rental Contract with landlord's name, address and telephone number and current rent receipt

____ Approved Interdistrict Open Enrollment Application accompanied by documents that proves residency in the district that initiates the interdistrict transfer.

Documents showing evidence of any alteration will not be accepted.

ALSO COMPLETE A NEW EMERGENCY MEDICAL FORM S-14

_____ _____
Parent/Legal Guardian Signature **Date**

Office Use Only

Teacher_____Homeroom #_____

Morning:
Bus # AM_____ Shuttle _____

Afternoon:
Shuttle _____ Bus # PM_____