



# CLOVERLEAF LOCAL SCHOOLS STUDENT CHANGE OF ADDRESS REQUEST

(The following information must be completed by the Parent/Legal Guardian)

Copy:	_____	Elementary
	_____	Middle School
	_____	High School
	_____	Transportation
	_____	EMIS

Parent/Guardian: \_\_\_\_\_

NEW Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please list the name and current grade of all children below and indicate if your child is currently attending school in the Cloverleaf Local School District:

Student Full Name (Please print clearly)	Current Grade	Currently Attend Cloverleaf	
		Yes	No

If No, what other school district or community school do they attend \_\_\_\_\_

**Proof of residency is required.**

Provide one of the following documents as verification with this Change of Address form:

- \_\_\_\_\_ 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.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM AND PROOF OF RESIDENCE (see above required document) to:  
CLOVERLEAF LOCAL SCHOOLS  
CENTRAL REGISTRATION OFFICE  
8525 FRIENDSVILLE ROAD  
LODI, OH 44254**

Office Use Only:	
Teacher _____	Homeroom# _____
Morning: Bus # AM _____	Afternoon: Bus # PM _____