

# SKYLINE HIGH SCHOOL STUDENT CHANGE OF ADDRESS

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

\*\* NEW ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Please Note Any Changes of Primary Guardian or Who Student Lives With:

\_\_\_\_\_

NEW PHONE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

These changes will affect all siblings in the school district. Please list siblings below and which school they attend:

Siblings: \_\_\_\_\_ Current School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Please note: Verification of Residency must accompany the change of address form. This can be in the form of an electric, water bill or a lease/rental agreement.

Changes made: \_\_\_\_\_