CHANGE OF ADDRESS FORM



Worthington Schools 200 E. Wilson Bridge Road Worthington, OH 43085 614-450-6000

COMPLETE THIS FORM AND RETURN TO THE WELCOME CENTER WITH:

- 1. A valid driver's license, state photo ID, or passport
- 2. Two (2) bona fide proofs of residency (lease/mortgage statement and one (1) current utility bill (dated within 30 days) with your <u>full name and NEW address</u>.

Student Name(s)	<u>Grade</u>	Current Scho	<u>ool</u>	Newly Assigned Sch	ool
					
FORMER ADDRESS:					
Street		City		Zip	
NEW ADDRESS:					
Street		City		Zip	
TRANSPORTATION INFORMATION school transfers and new transportation receives two (2) valid proofs of residuals.	tion will begin to	wo (2) business days f			∍r
Will this move cause your child(ren) to change assigned schools?			Yes	No	
Would you like your child(ren) to stay at the current school? (If so, please complete an Open Enrollment Application for each student. the Welcome Center.)			Yes Applicat	No ions available online and	d at
CUSTODY CHANGES? Has there been a change in the parent/guardian marital status? Has there been a change in the parent/guardian living situation?			Yes Yes	No No	
Other Custodial Parent Address:					
PARENT/GUARDIAN CONTACTOR Name:	T INFORMATI	ON:			
Print Cell Phone:		Signature Work Phone:		Date	

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