Western Reserve Local School District Change of Student Address

CHANGES WILL NOT BE MADE IN THE COMPUTER UNTIL PROPER VALIDATION IS RECEIVED

Change of Address: Requires Parent/Guardian state issued ID and TWO valid proofs of new address: Purchase agreement or lease PLUS one other proof (utility bill, insurance statement with current address, other official mail).

Change in Custody: Requires proof by court order (signed and sealed and/or signed by agency documentation)

Emergency Medical: If contacts have changed please update on the back of this form

Return Form and Documents to: WRLS Board Offices (the Old High School) Attention: Stephanie Fabian

Student Name(s)	Scho	ol	Grade Level
Today's Date:	Effective Date:		
submitted with this form.) 2. Who has legal custody of student(s			
· · ·	Name		Relationship
3. Child lives with:Both Parents	Mother OnlyFat	ther Only Otl	ner:
4. Before this change was the student :		Open Enrolled or WRLS Resident?	
5. Will Student(s) require busing from new address?		Yes or No	
Name Addison as			
New Address:			
Old Address:			
New Address: Old Address: Phone Number:			

OFFICE USE ONLY:	DASL Trasportation			
Emergency Co	ontact Information			
Parent Guardian Information:				
Residential Parent/Guardian Informa	ation (please answer Questions A, B, & C)			
A. Student lives with (please X one): Both ParentsMother OnlyFather OnlyOther:	B. Are the student's parents/guardians (please X one): MarriedDivorcedSeparatedNever MarriedOtherwise living separately, please explain:			
C. Who has legal custody for child(ren) (please X one): Both ParentsMother OnlyFather OnlySharedOther:	If Separated or Divorced, Custody Papers are Required for Student File. For Shared Custody, please provide addresses of both parents.			
Legal Parent/Guardian Information	Legal Parent/Guardian Information			
Name:	Name:			
Cell Number:	Cell Number:			
Home Number:	Home Number:			
Relationship to Student: Mother / Stepmother / Foster Mother / Grandmother / Father / Stepfather / Foster Father / Grandfather / Guardian Please circle one)	Relationship to Student: Mother / Stepmother / Foster Mother / Grandmother / Father / Stepfather / Foster Father / Grandfather / Guardian (Please circle one)			
s your address the same as the student?YesNo f No, list your current Address, City, State , Zip:	Is your address the same as the student?YesNo If No, list your current Address, City, State, Zip:			
Emergency/Alternate Contacts In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.				
Contact 1 (other than Parent/Guardian)	Contact 2 (other than Parent/Guardian)			
Name:	ame:			
Relationship:	Relationship:			
Rest Contact Number:	Best Contact Number:			

Contact 4 (other than Parent/Guardian)

Name:

Relationship:

Best Contact Number:

Contact 3 (other than Parent/Guardian)

Name:

Relationship:

Best Contact Number: