

REESE PUBLIC SCHOOLS CHANGE OF ADDRESS

Student: _____ Building: ES MS HS
(Please Print) (Please circle one)

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(Please Print) (Please circle one)

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(Please Print) (Please circle one)

Student: _____ Building: ES MS HS
(Please Print) (Please circle one)

New Address: _____

Phone: _____

Email Address: _____

Proof of Residency: _____ Copy Attached

Examples:
Rental Contract
Drivers License
Phone Bill
Electric Bill

Within Reese School District: _____ Yes _____ No

If no, the parent received School of Choice paperwork: _____
(Parent Initial)

Parent Name (Please Print): _____

Signature: _____

Date: _____

OFFICE USE ONLY
Processed By: _____ ES _____ MS _____ HS _____ Special Ed _____ BO (Initial) (Initial) (Initial) (Initial) (Initial)
Date Processed: _____ <i>Send to Special Ed Secretary</i>
Please file in student's CA60