



WATERFORD SCHOOL DISTRICT – CENTRAL ENROLLMENT
CHANGE OF ADDRESS FORM

GEO Code _____

Date: _____

NR SOS BUS

Parent Name (Last) _____ First _____

New Address: _____ City: _____ Zip: _____

New phone #: _____ Work or Cell Phone #: _____

List school age children living in the home:

Table with 5 columns: Child's Name, Current School, New School, Grade, Special Education. Rows 1-4.

Parent Signature: _____ Date: _____

Old Address: _____ City: _____ Zip: _____

FORM MUST BE RETURNED TO CENTRAL ENROLLMENT WITHIN 5 SCHOOL DAYS

Box containing requirements for new proofs of residency and a list of additional proofs required.

New Address - Office Use Only

Proofs Provided // Proofs Needed

Separator line of asterisks

Within Waterford School District Boundary/Outside Home School Boundary

School Selection Request – Requested Building

Approved Denied

Separator line of asterisks

Outside Waterford School District Boundary

Transferring to new District, Name of District

Student is allowed to remain through the end of school year.

Administrator: _____

Date: _____

Title _____