CENTERVILLE HIGH SCHOOL ~ CHANGE OF ADDRESS ~

Date:	Effective Date:	
Student Name	Unit	ID#
Student Name	Unit	 ID#
	Unit	
Parent/Guardian 1: Name	ahla)	
Spouse's Name (if applic	able)	
Old Address	9	
City:	,	OH Zip
Phone Number (H)	(C)	
(W)	Employer	
City: Phone Number (H)	(C)	, OH Zip
	will transport to/from school is needed (must be more than 1	l mile from CHS)
Please allow 48-72 hours for Tr	ransportation Department to begin	service to new address.
Student route information will route information appears, your stude	I be available from the Home Access Cerent is eligible to ride the bus.	nter (HAC). When the new
Parent signature		Date

*** PROOF OF RESIDENCY IS REQUIRED, AS DEFINED BY CENTERVILLE CITY SCHOOLS RESIDENCY GUIDELINES. PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM. ****

CENTERVILLE CITY SCHOOLS

Understanding Residency Requirements

- A student is considered a resident if he/she resides with a parent(s), or person or governmental agency with legal custody, whose place of residence is <u>within</u> the boundaries of the District.
- A legal residence is one in which the family's daily activities take place eating, sleeping, paying taxes, voter registration, etc.
- Proof of such residency must accompany this Change of Address form, and be one of the following documents:
 - · Mortgage papers, property tax bill, copy of deed, or documentation from the Montgomery County Auditor's website (www.mcrealestate.org)
 - Current signed lease with landlord's name, address and telephone number, as well as names of all occupants
 - · House under construction or purchase agreement
 - · Residency Affidavit (if living with another person or subleasing)
- A utility bill or P.O. Box number is NOT proof of residency.

I understand that if my child attends Centerville City Schools while not being eligible to do so according to the residency requirements, or if it is determined upon investigation that I have falsely claimed residence within the district, I will be responsible for any legal costs and/or attorney fees, and my child will immediately be withdrawn from the Centerville City School District.

I have read and understand the above statements.

Printed Name:	Date:	
	· ·	
Signature:		