

**CHANGE OF ADDRESS
CENTERVILLE CITY SCHOOLS**

Date: _____ Effective Date _____

Student's Name(s) _____ **ID#** _____

Parent/Guardian 1: Name _____

Spouse's Name (if applicable) _____

Old Address _____

New Address _____

Phone Number _____ Cell Number _____

Employer _____ Work Number _____

Parent/Guardian 2: Name _____

Spouse's Name (if applicable) _____

Old Address _____

New Address _____

Phone Number _____ Cell Number _____

Employer _____ Work Number _____

Signature _____ Date _____

***THIS REQUEST FOR CHANGE OF ADDRESS MUST BE ACCOMPANIED
BY SUPPORTING DOCUMENTATION (LEASE OR MORTGAGE
DOCUMENTATION) AS DEFINED BY CENTERVILLE CITY SCHOOLS
POLICY GUIDELINES ON THE REVERSE SIDE OF THIS FORM.***

CENTERVILLE CITY SCHOOLS

Understanding Residency Requirements

- The schools of the Centerville City School District shall be tuition free to all school residents between five and twenty-one.
- A student is considered a resident if he/she resides with a parent or parents or person or governmental agency with legal custody whose place of residence is within the boundaries of the District.
- A legal residence is one where the parents/guardians and children engage in major family life activities such as eating, sleeping, receiving mail, voting, etc.
- A student, at least 18 but not 22 years of age, who resides in the district, lives apart from his/her parents and who supports himself/herself by his/her own labor is eligible for entrance.
- A child may attend the district as a resident for a period not to exceed sixty days on the sworn statement of an adult resident of the district that he/she has initiated legal proceedings for custody. A copy of the application form and a copy of the form listing the date and time of the hearing must be presented.

I understand that if my child attends Centerville City Schools while not being eligible to do so tuition free, I will be responsible for tuition at a rate set by the Treasurer of the Centerville City Schools according to law, plus administrative costs, court costs, and any attorney fees incurred in the collection of these sums and that the student will immediately be withdrawn from the Centerville City School District.

I have read and understand the above statements.

Name: _____ Signature: _____

Date: _____