



Family Change of Address Form

Parent(s) Name Moving: _____

If both parents are not moving, we will keep the parent not listed at former address

_____ (Effective Date of Change)

Child(ren): _____
(Name)

_____ (Grade)

_____ (Name)

_____ (Grade)

_____ (Name)

_____ (Grade)

_____ (Name)

_____ (Grade)

Former Address:

_____ (Number/Street Name)

_____, MI _____
(City) (Zip)

New Address:

_____ (Number/Street Name)

_____, MI _____
(City) (Zip)

(New Phone Number)

Please attach new proof of residency in the Chelsea School District.

- Utility Bill (gas, electric, cable TV)
- Lease/Rental Agreement
- * Tax Bill
- * Purchase Agreement

Please return form and residency proof in one of the following ways:

- Mail - Chelsea School District/V. Lawrence 500 Washington St., Chelsea, MI 48118
- Fax to (734) 433-2218
- Email to vlawrence@chelsea.k12.mi.us

CC: Transportation, Special Ed, Student File