



MAYFIELD CITY SCHOOL DISTRICT CHANGE OF ADDRESS FORM

Return form to: Pupil Services ♦ 1101 S.O.M. Center Road ♦ Mayfield Heights, Ohio 44124
TEL: 440.995.6800 FAX: 440.995.7205

MUST ATTACH PROOF OF NEW RESIDENCE

(Lease, Mortgage Statement, Purchase Agreement or Tax Bill)

****You will need to provide a utility bill (gas, electric, or water) 30 days after your effective date****

EFFECTIVE DATE: _____

PARENT/GUARDIAN NAME: _____

NEW ADDRESS: _____
Address

City Zip Code

Children's Names	Grade	Student ID	Current School	New School (if applicable)	Applied Open Enrollment?

Please note: If your child has moved out of the current school area, you will need to apply for "Open Enrollment Intra-District Transfer" for your child to be considered to remain in the current school.

New Phone Number: _____ **Cell Number:** _____

Email Address: _____

According to State Law and Board of Education Policy, no student may attend the Mayfield City Schools unless the student and his/her parent(s) /guardian(s) currently reside (live, eat, sleep, etc.) within the school district boundaries. A "parent" is the biological parent or, in the case of legal separation or divorce, the parent with legal full or residential custody. If you are not a legal resident as defined above, you must declare this immediately to the school registration official.

Please be advised that if you are not currently a legal resident of the school district and/or you are not the child's legal custodial parent or guardian, and fail to report this to the school registration official, you will be liable for tuition charges for every day your child attended the Mayfield City Schools illegally.

I am a legal resident of the Mayfield City School District and have read and understand the requirements as stated above and the information provided by me on this form is true and accurate.

Parent/Guardian Signature

Date