

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? |
| | | | | | | |
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| | | | | | | |
| Intra-District Transfe | <i>r</i> " for your ch | ild to be o | considered to r | school area, you will nemain in the current s Cell Number: | school. | |
| | | | | | | |
| guardian(s) currently res | side (live, eat, s e parent with le | leep, etc.) v egal full or r | vithin the school | ay attend the Mayfield City district boundaries. A "pa y. If you are not a legal res | rent" is the biological p | arent or, in the case of le |
| Please be advised that if guardian, and fail to rep Mayfield City Schools ille | ort this to the | rrently a le school regis | gal resident of th tration official, y | e school district and/or yo ou will be liable for tuition | ou are not the child's le n charges for every day | gal custodial parent or your child attended the |
| am a legal resident of the provided by me on this for | | | trict and have rea | d and understand the req | uirements as stated ab | ove and the information |
| Pa | rent/Guardian Si | gnature | | | Date | |
| | - | - | | | | |