



# CHANGE OF ADDRESS FORM

PLEASE LIST ALL CHILDREN ATTENDING LINCOLN CONSOLIDATED SCHOOLS:

1. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Bishop       Brick       Childs       Model       Middle School       High School

2. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Bishop       Brick       Childs       Model       Middle School       High School

3. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Bishop       Brick       Childs       Model       Middle School       High School

4. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Bishop       Brick       Childs       Model       Middle School       High School

5. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Bishop       Brick       Childs       Model       Middle School       High School

6. Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Bishop       Brick       Childs       Model       Middle School       High School

OLD ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

**PROOF OF RESIDENCY:** All families changing their address in the Lincoln Consolidated Schools district must provide 2 proofs of residency. ( 1 ) m o r t g a g e statement/rental lease agreement/receipt (2) choice of current utility bill, credit card statement, bank statement, or a current car registration.

PARENT / GUARDIAN: \_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
.....

FOR OFFICE USE ONLY:  
POWERSCHOOL UPDATED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

TRANSPORTATION NOTIFIED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

COPY SENT TO:

Bishop       Brick       Childs       Model       Middle School       High School       Office of Student Services

FOR BUILDING USE ONLY:    Data entered in:     MCIR       Emergency Card       Excent Tera