



Change of Address Form

Student Name: _____ Grade Level: _____

Former Address: _____

District of Residence at this Address: _____

Effective Date of New Address: _____

*New Address: _____

District of Residence at this Address: _____

*Proof of Residence is required to be on file. Please submit a copy of a utility bill or lease agreement with this form that shows your name and new address.

Signature of Parent/Guardian

Date Submitted

Printed Name of Parent/Guardian

Submit completed form to Metro Registrar Betty Marshall
at marshall@themetroschool.org or fax to 614-594-7176