



517 Deerfield Road, Deerfield, IL 60015 | Phone: (847) 945-1844 | www.dps109.org

Change of Address Form

Please complete and submit with required residency documents to Rebecca in the Superintendent's Office at the District Center. For questions please call 847-945-1844x7240 or email rrudd@dps109.org

For recent changes due to divorce, marriage, death or court orders, please use the "Change of Family Status Form"

Request Date:	Effective Date:
Student #1	School Grade
Student #2	School Grade
Student #3	School Grade
Submitted by:	Relationship to Student:
Phone/email:	

Address Change for: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent #1* (<i>documented residential parent</i>) <input type="checkbox"/> Parent #2							
New Address:							
Former Address:							
New Phone: * Parenting Agreement may be requested for documentation.							
Required Proof of Residency Provided:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <u>One (1)</u> of the following: <input type="checkbox"/> Home Ownership/Deed <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Signed Lease </td> <td style="width: 10%; text-align: center; border: none;">AND</td> <td style="width: 40%; border: none;"> <u>Two (2)</u> of the following: <input type="checkbox"/> Driver's License <input type="checkbox"/> License Plate Registration <input type="checkbox"/> Voter Registration <input type="checkbox"/> Auto Insurance Card <input type="checkbox"/> Electric, Gas, or Water Bill </td> </tr> </table>	<u>One (1)</u> of the following: <input type="checkbox"/> Home Ownership/Deed <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Signed Lease	AND	<u>Two (2)</u> of the following: <input type="checkbox"/> Driver's License <input type="checkbox"/> License Plate Registration <input type="checkbox"/> Voter Registration <input type="checkbox"/> Auto Insurance Card <input type="checkbox"/> Electric, Gas, or Water Bill			
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Change to School of Attendance? <input type="checkbox"/> Yes or <input type="checkbox"/> No	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Former School:</td> <td style="width: 50%;">New School:</td> </tr> <tr> <td colspan="2" style="text-align: right;">Start Date:</td> </tr> </table>	Former School:	New School:	Start Date:			
Former School:	New School:						
Start Date:							
Transportation Effected? <input type="checkbox"/> Yes or <input type="checkbox"/> No	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Former Route:</td> <td style="width: 50%;">New Route:</td> </tr> <tr> <td>Former Stop:</td> <td>New Stop:</td> </tr> <tr> <td>Free or Paid?</td> <td>Free or Paid?</td> </tr> </table>	Former Route:	New Route:	Former Stop:	New Stop:	Free or Paid?	Free or Paid?
Former Route:	New Route:						
Former Stop:	New Stop:						
Free or Paid?	Free or Paid?						

For Office Use: Skyward _____ Bus _____ School _____