



Change of Address

Previous Household Address

Previous Residential Address Mailing Address City State Zip

Primary Telephone Date Moved From Previous Residential Address

New Household Address:

New Residential Address Mailing Address City State Zip

Primary Telephone Date Moved To New Residential Address

Change of Residence Type (Please Check One.)

- ☐ **Household membership did not change.** Check this option if the **ENTIRE** household moved to the new address, with no additional household members added or removed.
✓ Complete this form, attach a new household form, and two valid proofs of residence.
- ☐ **Household membership changed.** Check this option if not all the parents and/or students moved to the new address or if adding new household members.
✓ Complete this form, attach a new household form, and two valid proofs of residence.

NOTE: In the absence of custody papers and/or court orders, we will continue to provide biological parents and legal guardians access to their child(ren)'s educational records.

LIST ALL STUDENTS WHO ARE MOVING TO NEW ADDRESS AND RETURN TO ONE SCHOOL

Student's Legal Name	Date of Birth	Previous School	New School (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the students listed above are full-time residents at the new household residential address provided on this form. I acknowledge that the Paulding County School District (PCSD) has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the PCSD will rely upon this certificate in determining if the student is a bona-fide resident of Paulding County. I also acknowledge that if the proofs of residence furnished to the PCSD or as contained in this certificate are not correct, the student will be subject to dismissal and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of dismissal.

Enrolling Parent/Guardian Printed Name

Enrolling Parent/Guardian Signature

Date

SCHOOL PERSONNEL USE ONLY:

CR PERSONNEL USE ONLY:

- | | |
|---|--|
| <input type="checkbox"/> Verified new address in Versatrans. | <input type="checkbox"/> Emergency Contacts updated for all students |
| <input type="checkbox"/> If out of zone, 07 zoning exception is coded. | <input type="checkbox"/> Missing Document Flag added if only one proof |
| <input type="checkbox"/> Enrolling parent verified for all students listed in the household in IC | <input type="checkbox"/> COA uploaded in IC for all students |
| <input type="checkbox"/> Family household form completed by enrolling parent | |
| <input type="checkbox"/> Forms (SOLR, KCA, signed w/d) completed for ALL students in HH | |
| <input type="checkbox"/> CR Pending Flag added when COA sent to CR | |
| <input type="checkbox"/> LOE Changed if needed | |
| <input type="checkbox"/> COA sent to other schools for other students | |

Name of proof of residence #1

Name of proof of residence #2

Printed name of school personnel accepting change

Date Change Received