# 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)* |
|---|---|---|---|
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*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:*

☐ Verified new address in Versatrans.

☐ ***If out of zone, 07 zoning exception is coded.***

☐ Enrolling parent verified for all students listed in the household in IC

☐ Family household form completed by enrolling parent

☐ Forms (SOLR, KCA, signed w/d) completed for **ALL** students in HH

☐ CR Pending Flag added when COA sent to CR

☐ LOE Changed if needed

☐ COA sent to other schools for other students

## *CR PERSONNEL USE ONLY:*

☐ Emergency Contacts updated for all students

☐ Missing Document Flag added if only one proof

☐ COA uploaded in IC for all students

Name of proof of residence #1 | Name of proof of residence #2

Printed name of school personnel accepting change | Date Change Received

**PAULDING COUNTY SCHOOL DISTRICT**
**Family Household Form**

*Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.*

❑ Check here if other household members are already registered in the district.

## SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)

Primary Telephone Number _____

Residential Address: _____

Apt. Number _____

City _____ State _____ Zip Code _____

Mailing Address, if different from residential address

Mailing Address: _____

Apt. Number _____

City _____ State _____ Zip Code _____

Biological Parent/Guardian whom the student lives with:

Legal Name: _____
(Last) (First) (Middle)

Email: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

Marital Status: ❑Married ❑Single ❑Divorced ❑Separated ❑Widow

Spouse of Parent/Guardian whom the student lives with:

Legal Name: _____
(Last) (First) (Middle)

Email: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

Marital Status: ❑Married ❑Single ❑Divorced ❑Separated ❑Widow

## SECTION 2: Secondary Household if applicable (***ONLY*** applies to the biological parent whom the student does ***NOT*** live with the majority of the time.

Biological Parent whom the student does NOT live with:

Legal Name: _____
(Last) (First) (Middle)

Email: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

Marital Status: ❑Married ❑Single ❑Divorced ❑Separated ❑Widow

**This person is allowed to pick up student(s) from school and can be contacted in the event of an emergency without contacting the biological parent/guardian 1 whom the student lives with.**

Spouse of Parent whom the student does NOT live with:

Legal Name: _____
(Last) (First) (Middle)

Email: _____

Employer: _____

Cell Phone: _____ Work Phone: _____

Marital Status: ❑Married ❑Single ❑Divorced ❑Separated ❑Widow

**This person is allowed to pick up student(s) from school and can be contacted in the event of an emergency without contacting the biological parent/guardian 1 whom the student lives with.**

## SECTION 3: Student Information (Include new students enrolling and currently enrolled students)

Please provide the names of **ALL SCHOOL AGE CHILDREN that are currently attending a PCSD** school and reside with the biological parent/guardian whom the student lives with, along with the date of birth and relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.).

| First Name | Middle Name | Last Name | DOB | Grade | Relationship to Biological Parent/ Guardian whom the student lives | Relationship to Spouse of Parent/ Guardian whom the student lives with | Relationship to Biological Parent whom the student does NOT live with | Relationship to Spouse of Biological Parent whom the student does NOT live with |
|---|---|---|---|---|---|---|---|---|
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If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided.

## SECTION 4: Additional Household Members (Please list any other adults living in the Primary Household)

## SECTION 5: Emergency Contacts: DO NOT INCLUDE THE PARENT(S).

The following **adults (MUST be 18 or older)** have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the PARENT/GUARDIAN cannot be reached: ***(If registering more than one student and emergency contacts differ, please see Registrar.)*** If an emergency contact has more than one phone number (e.g., home phone and cell phone), please use two different contact boxes.

| | FULL LEGAL NAME | BEST PHONE # | RELATIONSHIP TO STUDENT |
|---|---|---|---|
| **CONTACT ONE:** | | | |
| **CONTACT TWO:** | | | |
| **CONTACT THREE:** | | | |
| **CONTACT FOUR:** | | | |
| **CONTACT FIVE:** | | | |

Printed Name of Person Completing Form (Enrolling Parent ONLY): _____ Relationship to student: _____

Enrolling Parent's Signature _____ Date: _____