

Bellevue City School District
STUDENT CHANGE OF ADDRESS FORM

Please complete this form and attach a proof of residency for your new address.

Valid proofs include rental, lease, or purchase agreement; utility bill; checking or savings account statement; employment forms; tax bill; car insurance; vehicle registration; cell phone bill; legal documents showing address; driver's license; voter registration.

This form with proof of residency must be returned to the Board of Education office.

Old Address	City	Zip	Phone Number
-------------	------	-----	--------------

New Address	City	Zip	Phone Number
-------------	------	-----	--------------

OUR NEW ADDRESS IS EFFECTIVE ON THIS DATE (MM/DD/YYYY):

Please fill out this form only once per address change, listing all students who reside in your household. We will change the primary address for all students listed below.

Last Name	First Name	Middle	Gr.	School

Bus Transportation Required? (Bellevue Residents only) Yes No

Bus Number	Pick Up	Drop Off
-------------------	----------------	-----------------

Signature of Parent/Guardian	Relationship to Student	Date
------------------------------	-------------------------	------

For Office Use: Received by:	Date
School Notified	Transportation