REESE PUBLIC SCHOOLS CHANGE OF ADDRESS

Student:	Building:	ES MS HS
(Please Print)		(Please circle one)
Student:	Building:	ES MS HS
(Please Print)		(Please circle one)
Student:	Building	ES MS HS
(Please Print)		(Please circle one)
Student: (Please Print)	Building	ES MS HS (Please circle one)
(Flease Finit)		(1 lease effect one)
New Address:		
Phone:		
Proof of Residency: Examples: Rental Contract Drivers License Phone Bill Electric Bill		Copy Attached
Within Reese School District: Yes	No	
If no, the parent received School of Choice paper	rwork: (Parent Initial)	
Parent Name (Please Print):		
Signature:		
Date:	_	
OFFICE USE ONLY		
Processed By: ES Initial MS (Initial)		ial Ed (Initial) BO
Date Processed: Please file in student's CA60	Send to Special Ed	` '