CHANGE OF ADDRESS

To officially change your student's address, you are required to provide TWO address verification documents, dated within the last 60 days. You must do this even if you have notified your child's school of the new address. Acceptable documents are listed below. No envelopes, advertising or correspondence accepted.

Seattle City Light Bill Cable Bill Insurance Document	Please check the do PSE Bill Internet Bill DSHS Document	Other U	Jtility Bill e Telephone Bi	Leas	se/Mortgage Docu	ıment
		Move	Effective D	ate:		
Last Name of Student		First Name			Student ID or	Birth Date
New Street Address		Unit No.	City		State	Zip Code
Email Address				Home Phone No.	Ce	Il Phone No.
PARENT/GUARDIAN SIGNATURE Additional children attending Seattle		PLEASE PRINT NAME Public Schools that live at this new ad			DATE ddress. Write clearly.	
Last Name		First Name			Student ID/Bi	
Last Name		First Name			Student ID/Bi	rth Date
Last Name		First Name		Student ID/Bi	Student ID/Birth Date	
Last Name		First Name			Student ID/Bi	rth Date
Email Address: admiss	Email/F	ax/Mail or	<u> </u>	Information Fax Number:	To: (206) 252-0)761

Mailing Address

Seattle, WA 98124-1165

Seattle Public Schools Telephone: (206) 252-0760 John Stanford Center Service Center Street Address: $2445 - 3^{rd}$ Avenue South PO Box 34165 Seattle, WA 98134 Mail Stop 11-174 (3rd & Lander)

Pursuant to Board Policy 3119, falsification of an address or residence (or conditions of living arrangement) to obtain a school assignment will be cause for the revocation of the student's school assignment and return to the proper school of assignment.