

Lexington Middle School Phone: 239-454-6130 Fax: 239-489-3419

Change of Address/Phone Form

Address Verification MUST be attached to change your address

PLEASE PRINT CLEARLY:

Student Name:		ID#	Grade:
BUS # (AM) (PM)		
Sibling Name		_ Sibling School	
Sibling Name		_ Sibling School	
Sibling Name		_ Sibling School	
NEW Home Address:			Apt#:
City:	Sta	te:	Zip Code:
Mailing Address (if different from above): _			
-			
Parent/Guardian LEGAL Name:			
Parent/Guardian Email Address:			
Home Phone (Dad):	Cell:		_ Work:
Home Phone (Mom):	Cell:		Work:
Home Phone (Guardian):	Cell:		_ Work:
Parent/Guardian Signature:			

REQUIRED Proof of Address Verification (ONE of the following):

- Current Electric, Water, Cable, or Land Line Phone Bill showing physical service address
- Signed Lease or Statement from Landlord verifying occupancy with name and address
- Homestead Exemption Cards
- Mortgage Acceptance letter; showing name, loan number, and property address
- Living with relatives or friends? Please attach a letter from them listing your name and the names of your children, stating that you are living at their address AND a copy of one of the documents listed above to verify their address.

OFFICE USE ONLY:	MF/FOCUS	DATE CHANGED	DFDesk	Clinic	T/O