

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**STUDENT ADDRESS INFORMATION**  
**CHANGE FORM**

Student Name:	School:	Grade:
Student Name:	School:	Grade:
Student Name:	School:	Grade:
Student Name:	School:	Grade:

<i>Previous Address</i>	New Address
<i>Previous Phone Number</i>	New Phone Number

**Effective Date:**  
 (date for which this change will go in effect)

**Did Whole Family Move?**

**IF No, Please Explain:**

**Do you have proof of residency with you today, verifying this new address change?**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Info Provided By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(For Central Office Use Only)**

**Changes made in Infinite Campus :** \_\_\_\_\_ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_