Millennium | Community | School

Change of Address Form

Student's Name: _____ MCSID#: _____

Guardian's Name: _____

Old Address: _____
Street City State Zip

What was your move date from this address: _____

New Address: _____
Street City State Zip

Proof of Residency Attached:

☐ lease ☐utility bill ☐pay stub ☐bank statement ☐gov. paperwork

Is your telephone number still the same? YES NO

If No, Please list your new information.

Telephone Number: _____ Type: _____

Parent Signature:_____Date: _____

FOR OFFICE USE ONLY

Received Date: _____

Bus Application Submitted: _____

Processed: _____

Initials:_____