

Student/Parent Change of Address Form

Avon High School

7575 East CR 150 South, Avon, IN 46123

Phone: 317-544-5000 ext. 5017 Fax: 317-544-5016

jlcostello@avon-schools.org

*****Please attach proof-of-residency for your new address (two items required to verify residency. Example: utility bill, signed lease, and/or real estate closing documents.)*****

If you do not have two items for proof-of-residency, you must at least provide a signed lease, and/or real estate closing document when submitting this form. A utility bill must then be submitted within 30 days of the change.

NOTE: Change(s) will not be made, nor will bus transportation be provided to the new address until AHS Guidance Office is in receipt of this form AND proof(s)-of-residency have been provided. Once the change has been made, you may contact Avon bus transportation at 317-544-6140 or go online via e-Link at <http://versatrans.avon-schools.org/elinkrp/> to obtain your student's new bus information.

Student Name: _____ Grade: _____

Parent/Guardian Name(s) which address change is for: _____

Relationship to student (circle all that apply): mother father stepmother stepfather grandparent guardian other

Student resides with (circle all that apply): mother father stepmother stepfather grandparent guardian other

Old address (include city & zip): _____

New address (include city & zip): _____

Student mailing address (include city & zip): _____

Parent/Guardian (1) Name: _____

Relationship to student: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address(s): _____

Parent/Guardian (2) Name: _____

Relationship to student: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address(s): _____

Siblings/Grade Levels/Schools: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE OF REQUEST: _____