



For Office Only	
Power School	_____
Email Bldg	_____
Transportation	_____
Residency copy	_____

Student Demographic Address Change Form (ONE per family)

STUDENT _____ Grade _____
 First Name Middle Name FULL Last Name
 DOB _____ Current School _____ New School _____

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SECTION 1 – COMPLETE IF ADDRESS AND/OR HOME PHONE CHANGE

All parents/guardians who have students currently enrolled in Smithville School District, and change residence within the Smithville School District attendance boundaries, will need to report their new residential address to Administrative Office. All parents reporting an address change should be referred to the Smithville District Office, 655 S. Commercial Ave, Smithville, MO 64089 Residential documentation will be required verifying the new address.

Acceptable residential documentation includes: (All Documents must be dated within the last 60 days.)

A signed lease/rental agreement or home sales contract stating the parents/guardians name and new residential address.

OR

One utility bill (gas, water, or electric) stating the parents/guardians name and new residential address.

_____ Apt/Unit # _____ City _____ State _____ Zip Code
 OLD Family Address

_____ Apt/Unit # _____ City _____ State _____ Zip Code
 NEW Family Address

_____ NEW Home Phone _____ Mailing Address (if different from family)

The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your new address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered yes to either question, indicate where students are living?

_____ Motel/Hotel _____ Shelter _____ More than one family in apartment/home _____ Moving place to place _____ Car/Park

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with they are not legal residents of Smithville School District such students will be withdrawn immediately from Smithville School District. I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

Parent/Guardian Signature: _____ Email _____

PARENT/GUARDIAN NAME: _____ Date _____

(PLEASE PRINT) First Name Last Name