



DEXTER COMMUNITY SCHOOLS

7714 Ann Arbor St., Dexter MI 48130
734-424-4100 fax: 734-424-4112

www.dexterschools.org

ADDRESS CHANGE FORM

Date Effective _____

Parent/Guardian Name _____

Students

Name _____ Grade ____ Name _____ Grade ____

Name _____ Grade ____ Name _____ Grade ____

New Street Address _____

City/State/Zip _____

New Home Phone _____ New Cell Phone _____

New Work Telephone _____ Alert Phone _____

Parent Signature _____ Date _____

Proof of Residency documentation (please check one):

- tax bill if you own your home -OR-
- house closing papers if you are moving into a home in the district -OR-
- rental/lease agreement AND utility bill if you rent or lease in the district

Please make a copy of the required documentation and attach to this form to be filed in the CA-60.

- RETURN IMMEDIATELY -

For office use only:

Received by: _____ date received: _____

- entered in PowerSchool
- copied to Transportation
- shared with all buildings
- shared with Food & Nutrition