



STUDENT CHANGE NOTICE

Central Enrollment
 6389 Clarkston Road
 Clarkston, MI 48346
 Phone: 248.623.5401

Central Enrollment Hours:
Scheduling an appointment is recommended otherwise a wait may be anticipated for walk-in enrollments

Monday - Thursday
 8:00 a.m. - 10:30 a.m.
 1:00 p.m - 3:30 p.m.
Friday: Closed

Student Name _____	Grade _____
Current School _____	New School _____
Student Name _____	Grade _____
Current School _____	New School _____
Student Name _____	Grade _____
Current School _____	New School _____

Change of Address

You must provide proof of residency. One (1) from the first column AND two (2) from the second column.

One of the following proof of ownership/occupancy is required	Two of the following supporting documentations are required
<input type="checkbox"/> Current property tax statement (Latest Tax Season) <input type="checkbox"/> Mortgage Statement (Current Month) <input type="checkbox"/> Current lease/rental agreement (must have signatures and all occupants names listed) <input type="checkbox"/> Purchase agreement showing a closing date within the current semester, 5 months <input type="checkbox"/> Affidavit (Property Owner must submit proof of ownership, one of the above and the parent/guardian must provide two from column 2)	<p><u>Must show matching name & address and the be most current, within 30 days</u></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> DTE Energy Bill <input type="checkbox"/> Consumers Energy Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Cell Phone Bill </div> <div style="width: 45%;"> <input type="checkbox"/> Cable/Satellite TV Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Paycheck <input type="checkbox"/> Medical Bill <input type="checkbox"/> Legal Documentation <input type="checkbox"/> IRS Bill or Statement <input type="checkbox"/> Automobile Loan or Lease <input type="checkbox"/> Department of Human Services Statement </div> </div>

Previous Address	New Address
Parent Name(s) affected by address change: _____	Parent Name(s) affected by address change: _____
Address _____	Address _____
Apt # _____	Apt/Lot # _____
City/Zip _____	City/Zip _____
Township _____	Township _____
<input type="checkbox"/> Mailing address same as home address	<input type="checkbox"/> Mailing address same as home address
Mailing Address _____	Mailing Address _____
Apt/Lot # _____	Apt/Lot # _____
City/Zip _____	City/Zip _____

Phone Number Change

Previous Phone Number	New Phone Number
Home # _____	Home # _____
Cell # _____	Cell # _____
Work # _____	Work # _____

Name Change

Student Name Change	Parent Name Change
Must provide court documentation of change	Must provide documentation (driver's License, Marriage Certificate, Court doc)
Previous Name _____	Previous Name _____
New Name _____	New Name _____

Parent/Guardian Signature _____ Date: _____