

For Office Use Only	Date Received:	Received By:	School:
Residency: <input type="checkbox"/> Deed/Lease Agreement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Utility Bill(s) _____ <input type="checkbox"/> Home/Renters Insurance <input type="checkbox"/> Purchase Contract	<input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Declaration of Residence <input type="checkbox"/> Remove Declaration <input type="checkbox"/> Hardship (Title IX) <input type="checkbox"/> Address Confidentiality Program	School Assignment: <input type="checkbox"/> Elementary _____ <input type="checkbox"/> Middle _____ <input type="checkbox"/> High _____ <input type="checkbox"/> Pupil Att. _____	Status: <input type="checkbox"/> Remain at Current School <input type="checkbox"/> Choice <input type="checkbox"/> Transfer <input type="checkbox"/> 1 year OD or OB

HOUSEHOLD # _____ (office use only)

Please complete only 1 per household. Submit to school location.

Parent/Guardian completing form:

Last name: _____ First Name: _____ Date of Birth: _____

Student Last name: _____ First Name: _____ Grade: _____

Student Last name: _____ First Name: _____ Grade: _____

Student Last name: _____ First Name: _____ Grade: _____

Address Change

- One proof of residence must be submitted with form.

- ✓ Acceptable forms include: Purchase contract with possession date or closing date not more than 90 days out; current utility bill (i.e. Xcel, water, cable); current signed lease or rental agreement; mortgage statement; or property tax bill for current year (property/service address must match mailing address) – Adams or Broomfield county.

Current Residence - Residency is important as it can directly relate to rights under the McKinney-Vento Homeless Assistance Act.	
<input type="checkbox"/> House/Apt/Condo/Townhouse/Duplex/Motel/Hotel <input type="checkbox"/> Motel/Hotel due to loss of housing or financial hardship <input type="checkbox"/> Campground/RV/Car due to loss of housing or financial hardship <input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Transitional Housing Program <input type="checkbox"/> Are you living with friends/family due to loss of housing or financial hardship? <input type="checkbox"/> Are you a student not living with a parent or legal guardian due to loss of housing or family conflict? <input type="checkbox"/> Other, please describe _____

Former Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

New Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Add/Remove Household Member

	Last Name, First Name	DOB	Phone	Relationship to Student
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____

Emergency Contact Change

Emergency Contacts are authorized to give consent for urgent health, dental, surgical procedures or hospital care of student(s) in the event of an emergency and District staff cannot reach an authorized parent/legal guardian.

	Last Name, First Name	Gender	Phone	Relationship to Student
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____	_____

NOTE TO SCHOOL STAFF

The following changes should be made at the school level. Please indicate changes were made before sending form to enrollment. Parents have the ability to change their email address via the Parent Portal.

Name Change Parent/Guardian Student (legal documentation must be submitted)

Former Name: _____ New Name: _____

Phone Number Change

Parent/Guardian Name: _____ Phone _____ Home Cell Work Other Ext: _____

Parent/Guardian Name: _____ Phone _____ Home Cell Work Other Ext: _____

Email Address Change

Parent/Guardian Name: _____ Email Address: _____

Parent/Guardian Name: _____ Email Address: _____

1. Federal law requires that educational records concerning a child be shared with a parent regardless of his/her custody status or decision making authority absent a court order limiting such disclosures. Please submit such court order if applicable.
2. By default, parent/guardian who reside at either the primary or secondary household will be allowed to pick up the child(ren) from school.
3. Be aware that without prior notice or verification, students will not be released early during the day to anyone other than a parent/legal guardian.

Parent/Guardian Signature _____ **Date** _____