

Change of Address Request

Parent/Guardian's Full Name: _____

The current physical address for my child(ren):

Address: _____

City/State/Zip: _____

The new physical address for my child(ren):

Address: _____

City/State/Zip: _____

Students:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

I am aware that the St. James R-1 School District cannot change our address without supporting documentation of proof of residency.

Parent/Guardian Signature: _____ Date: _____

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Staff approved by: _____ Date: _____

In district boundary verification:

☐ Phelps County Assessor 573-458-6135 Or

☐ Copeland Bus 573-265-7408