Dear Parents/Guardians:

Anytime a students’ physical address changes during the school year, the form on page two needs to be completed. In order to make the changes, you will need a picture ID and POR (Proof of Residency) or the form will NOT be accepted. Please note that we will only accept current rental/lease or a sales/mortgage agreement.

Once the form has been completed, return form and supporting documents to Mrs. Kayrn Stant located in the FMS Guidance Office.

If a student has siblings attending other schools within the district, Mrs. Karyn Stant can fax this information over to those schools without you having to travel to other buildings. Please make Mrs. Kayrn Stant aware of the names and schools attending.

If you have any questions, please call Mrs. Kayrn Stant at 302-698-8400 or email her at kayrn.stant@cr.k12.de.us.
CAESAR RODNEY
CHANGE OR CORRECTION TO NAME OR ADDRESS FORM

Change of Address MUST INCLUDE CURRENT PROOF OF RESIDENCY
(Current Mortgage or Rental Agreement with parent's name and address on it and current license updated)

Last Name_________________________________________First Name_________________________________________
Middle___________________________________________

Birth Date_______________________Grade__________School_________________________________________

Student Resides with:
☐Mother ☐Stepmother ☐Foster Mother ☐Father ☐Stepfather ☐Foster Father ☐Guardian
☐Other

Residing with: Name(s)__________________________________

(Name of parent/guardian)

__________________________________________________________

Parent/Guardian/Caregiver Information
☐Parent(s) ☐Step-Parent(s) ☐Foster Parent(s) ☐Guardian(s) ☐Other

New Address:

________________________________________________________________________

Home Phone_________________________Cell Phone________________________

Employer____________________Work Phone________________________

Email Address________________________

Other Info________________________________________

If there are other students in a Caesar Rodney School that will reside in the above address - complete this portion:

<table>
<thead>
<tr>
<th>Student Name (s)</th>
<th>Gr</th>
<th>CR School in which student is attending</th>
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Signature_________________________Date_________________________

Relationship to Student________________________

District use only:

New Number Bus Assignment: ______________________D.O. Notified: ______________________

Documents faxed to sister school(s) by: ______________________Date: ______________________

School Choice Info - Resident School District or CR School_________________________________