

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. Diane Robinson located in the FMS Guidance Office.

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

If you have any questions, please call Mrs. Diane Robinson at 698-8400 or email her at [diane.robinson@cr.k12.de.us](mailto:diane.robinson@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)

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**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:**

Student Name (s)	Gr	CR School in which student is attending

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 \_\_\_\_\_