

LOWNDES COUNTY SCHOOLS

CHANGE OF ADDRESS

This packet is for address changes of students **CURRENTLY** enrolled in a Lowndes County School. **ALL** address changes require a current (within 30 days) proof of residence in the Lowndes County School District.

Acceptable Documents are:

- Electric Bill
- Water Bill
- Cable/Satellite Bill

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Primary Phone Number

Please list all school-age children who LIVE IN THE HOME (liste a todas las niños de edad escolar viven en esta casa)
Include your children, step-children, or any school age child whom you have custody/guardianship over in this home full time.

| Student Name (Nombre) | Birthdate (Fecha de Bacimiento) | Grade (Grado) | Current School (Escuela) | Transfer School (Escuela) |
|-----------------------|---------------------------------------|------------------|-----------------------------|------------------------------|
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Parent/Guardian Information

Parent/Guardian Information – Please list the parents/guardians of the student below. Even in a divorce situation, we need both parents' information. If a parent does not have legal rights to a child, we must have a copy of the court order signed by a judge stating this fact. The following information should only be regarding parents or other *legal* guardians. You may list other contacts on the following pages of the enrollment application.

Who has legal custody of the student? (copy of court order or other legal documents are required. Power of Attorney or Notarized Statements are not accepted)

Who does the student live with? Both Parents Father Mother Grandparent(s) Guardian(s)
 Other _____

Parent/Guardian Information (Información adicional del padre/del guarda)

| | | | |
|---|--|--|----|
| Parent/Guardian #1 (Nombre Completo del padre) | | Relationship to Student (relación al estudiante) | |
| Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?) | | Yes | No |
| Residence Address (Direccion) <input type="checkbox"/> Check if same as student | City, State (Cuidad Estado) | Zip Code (Codigo Postal) | |
| Mailing Address (dirección de envío) | City, State (Cuidad Estado) | Zip Code (Codigo Postal) | |
| Home Telephone (teléfono casero) | Alternate Phone | Alternate Phone | |
| Email Address | Place of Employment (lugar del empleo) | Occupation (ocupación) | |
| Work Hours (horas del trabajo) | Work Telephone (teléfono del trabajó) | Extension (extension) | |
| Can this parent/guardian have contact with this student (¿Puede este padre/guarda tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order YES NO | | | |
| Is this parent/guardian responsible for this student? (¿Es este padre/guarda responsables de este estudiante?) YES No | | | |
| Did this parent/guardian attend Lowndes County Schools as a student? YES NO | | | |

Additional Parent/Guardian Information (Información adicional del padre/del guarda)

| | | | |
|---|--|--|----|
| Parent/Guardian #2 (Nombre Completo del padre) | | Relationship to Student (relación al estudiante) | |
| Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?) | | Yes | No |
| Residence Address (Direccion) <input type="checkbox"/> Check if same as student | City, State (Cuidad Estado) | Zip Code (Codigo Postal) | |
| Mailing Address (dirección de envío) | City, State (Cuidad Estado) | Zip Code (Codigo Postal) | |
| Home Telephone (teléfono casero) | Alternate Phone | Alternate Phone | |
| Email Address | Place of Employment (lugar del empleo) | Occupation (ocupación) | |

| | | |
|---|---------------------------------------|-----------------------|
| Work Hours (horas del trabajo) | Work Telephone (teléfono del trabajo) | Extension (extension) |
| Can this parent/guardian have contact with this student (¿Puede este padre/guarda tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order YES NO | | |
| Is this parent/guardian responsible for this student? (¿Es este padre/guarda responsables de este estudiante?) YES No | | |
| Did this parent/guardian attend Lowndes County Schools as a student? YES NO | | |

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached. You may list up to four.

| Additional Contact 1 | |
|--|--|
| Full Name (Nombre Completo) | Relationship to Student (relación al estudiante) |
| Telephone Number(s) (números de teléfono) | |
| Additional Contact 2 | |
| Full Name (Nombre Completo) | Relationship to Student (relación al estudiante) |
| Telephone Number(s) (números de teléfono) | |
| Additional Contact 3 | |
| Full Name (Nombre Completo) | Relationship to Student (relación al estudiante) |
| Telephone Number(s) (números de teléfono) | |
| Additional Contact 4 | |
| Full Name (Nombre Completo) | Relationship to Student (relación al estudiante) |
| Telephone Number(s) (números de teléfono) | |
| ***RESTRICTED PICKUP*** | |
| You may list people who MAY NOT pick up your child(ren) in this area. Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights. | |
| Name | Relationship to Student |
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| | |

Signature of Person Registering this Student

Date