



**AVON PUBLIC SCHOOLS**  
 34 Simsbury Road, Avon, Connecticut 06001  
**CHANGE OF ADDRESS REQUEST FORM**

**DOCUMENTATION ACCEPTED TO VERIFY PROOF OF RESIDENCY**

*Note: The residence of the student determines eligibility to be enrolled in Avon Public Schools. If the student address is different from the parent/guardian address, the parent/guardian and the adult with whom the student is living must provide the district with a notarized affidavit and proof of the student's residency and eligibility of enrollment. The affidavit must also include the name(s) with whom the student is living, address, and phone number. Documents are to be brought to Registration Desk at Central Office.*

**Homeowner please provide:**  
 Current utility bill with new address  
**AND** Mortgage, property tax statement,  
 or homeowner's insurance policy

**If you rent or lease, please provide:**  
 Current utility bill with new address  
**AND** Current original rental or lease  
 agreement

**Contact 1:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_ Resides with:  Yes  
 No

\_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)

Residence: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street City State Zip Code

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name and address Occupation

**Contact 2:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_ Resides with:  Yes  
 No

\_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Last name, first name, maiden name (if applicable)

Residence: \_\_\_\_\_ Apt. # \_\_\_\_\_  
(if different from above) Street City State Zip Code

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_  
Name and address Occupation

<b>Date you will reside at new address</b>	Previous Address: _____ <small>Street Apt. #</small>
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**Select all that apply:**

**Child(ren) reside(s) with:**  Mother  Father  Guardian  Step Mother  Step Father  Other \_\_\_\_\_

**Please update our family address as noted above for the following children:**

_____ <small>Student Last Name, First Name</small>	_____ <small>School: AHS, AMS, TBS, PGS, RBS</small>	_____ <small>Grade</small>	_____ <small>Student ID #</small>
_____ <small>Student Last Name, First Name</small>	_____ <small>School: AHS, AMS, TBS, PGS, RBS</small>	_____ <small>Grade</small>	_____ <small>Student ID #</small>
_____ <small>Student Last Name, First Name</small>	_____ <small>School: AHS, AMS, TBS, PGS, RBS</small>	_____ <small>Grade</small>	_____ <small>Student ID #</small>

**Parent Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

<i>For Office Use Only</i> List document(s) provided for proof of residency: (ex: lease, mortgage, bill) _____ Completed by: _____ PowerSchool Fields to Update: _ Address _ Custom Parent Screens _ Demographic _ Siblings (if applicable) Send form to: appropriate school and inform Specialty Transportation / File Form in Address Change File Date entered in PowerSchool: _____
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