



Valley Local School District
 1821 State Route 728 • Lucasville OH 45648
 Phone 740-259-3115 Fax 740-259-2314

STUDENT CHANGE OF ADDRESS

In order for the Valley Local School District to maintain accurate data regarding its students, please complete the following information if you have any change in residence and return it promptly to the school. Please note that residence affects a number of factors relating to your child's education - for example, bus transportation assignments, correspondence to parents/guardians, reports to the Ohio Department of Education, etc.

Student Status:	<input type="checkbox"/> Resident of Valley Local School District <input type="checkbox"/> Open Enrollment - District of Residence:		
Student Name:			
Parent/Guardian:		Daytime Phone	
Grade:	<input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th		
Old Address:			
New Address: (911 Physical Address)			
Mailing Address: (If different from physical)			
New Phone Number:		Number Replacing:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is student currently attending Valley Local Schools under an Open Enrollment agreement?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Open Enrollment agreement exists, does change of address affect current district of residence?		
If yes, please indicate new district of residence:			
Please provide any other information relative to address change:			
Date Address Change will or did occur:			
▶ SIGNATURE (Parent/Guardian):			
▶ <input type="checkbox"/> Information received by phone/parent note - No signature required - Please attach copy of parent note			

For Valley LSD use only - Please DO NOT write below this line. THANK YOU			
Date Received:		Received by:	
ATTENTION BUILDING ADMINISTRATORS:			
Please forward a copy of this form to Gail Rowe IMMEDIATELY upon receipt/notification.			
<input type="checkbox"/> Student Profile Verified by EMIS Coordinator	Date:		Initial