

**BARRINGTON PUBLIC SCHOOLS  
ADDRESS CHANGE FORM**

*Please complete and return to Administration Office, 283 County Road, with proof of residency: (2) Utility Bills (e.g. electric/gas/oil), new lease agreement, or settlement statement or recorded deed*

Effective Date of Change: \_\_\_\_\_  
=====

**STUDENT INFORMATION**

STUDENT NAME(s) and GRADE(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NEW PHONE #: \_\_\_\_\_

**PARENT INFORMATION**

1<sup>ST</sup> PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS (check if same as student) \_\_\_\_\_

Does student live with you? Y/N

2<sup>nd</sup> PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS (check if same as student) \_\_\_\_\_

Does student live with you? Y/N