



# Fort Frye Local Schools Change of Address

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### New Primary Household Address *(This is the address where the student resides.)*

Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Previous Primary Household Address

Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Changes within the Household

Member Changes Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Custody Changes Name \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please Note that if there are any changes to custody, you must submit a copy of Custody to the Central Office Registrar.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY: MUST DO CHECKLIST UPON ADMISSION

- Email forms to Building or Guidance Secretary
- Email Building Notification List

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