



STUDENT AND FAMILY SUPPORT SERVICES at the  
Family and Community Engagement Center  
230 East Douglas Avenue Fort Wayne, IN 46802

## Address Change Form

Student Name	Student Number	Student Grade

**Parent/Guardian requesting student(s) to remain at present school. Yes \_\_\_ No \_\_\_**

(Transportation will not be provided for students whose resident address is outside of FWCS, within the NTZ zone, or outside chosen school boundary.)

Old Address \_\_\_\_\_  
(street) (city) (zip code)

New Address \_\_\_\_\_  
(street) (city) (zip code)

Phone Number \_\_\_\_\_  
(home) (cell) (work)

Parent/Guardian Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date)

Parent/Guardian must provide proofs when making an address change.

Principal/Designee's Signature \_\_\_\_\_

School \_\_\_\_\_ (Proofs must be attached) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\* Student and Family Support Services Use Only \*\*\*\*\*

Old Attendance Area \_\_\_\_\_ Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

New Attendance Area \_\_\_\_\_ Signature \_\_\_\_\_