



Request for Change of Demographic Information

Please check all that apply:

Address Change

Phone Number Change

Student Name: _____ Date of Birth: _____

Parent or Guardian Name: _____

Parent or Guardian Phone Number: _____

Parent or Guardian Email: _____@_____.com

Change address to: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian Signature: _____ Date: _____

Please email the following to Mrs. Miller, Data Entry Operator

millerka@nassau.k12.fl.us:

Completed Request for Change of Demographic Information form.

Updated parent or guardian's driver's license reflecting new address.

The Affidavit Verification of Residency and one form of Proof of Residency reflecting my address dated within 60 days of your request (**FOR ADDRESS CHANGE ONLY**).

Examples of Acceptable Documentation for Proof of Residency:

- Utility Bill: Gas, Electricity, Water, Land Line Telephone
- Lease Agreement/Rental Contract with Landlord's name, address, and telephone number
- Current Rent Receipt
- Letter on official letterhead, signed by the Landlord, stating that the parent/guardian/caregiver lives at the given address
- Mortgage, Real Estate Closing Papers, Mortgage Statement/Payment Book, Homeowner's Association Fee Statement
- Residence Insurance Statement
- Verification of Social Services with residence address specified

**NASSAU COUNTY SCHOOL BOARD
AFFIDAVIT VERIFICATION OF RESIDENCY**

Student's Last Name	First Name	Middle Name
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Date of Birth	Grade	Social Security Number ____ - ____ - ____
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Student Lives With: Print Name(s) and CIRCLE RELATIONSHIP TO STUDENT
*Must attach appropriate documentation of status if not the parent/stepparent.

First and Last Name of: FATHER STEPFATHER COURT-APPOINTED GUARDIAN* FOSTER PARENT* OTHER CAREGIVER*	First and Last Name of: MOTHER STEPMOTHER COURT-APPOINTED GUARDIAN* FOSTER PARENT* OTHER CAREGIVER*
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RESIDENCE ADDRESS: Post Office Box Number Is Not Acceptable as Residence Address

Street Address - House Number and Street Name

City	State	Zip Code
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Home Telephone	Father/Guardian Work Phone	Mother/Guardian Work Phone
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I hereby declare and affirm that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has changed. I understand that a new affidavit and a new proof of residency must be submitted if residency changes. If I move outside the attendance area for this school, I must submit a transfer request for my child to continue attending this school. I understand that transfers may not be accepted by the district. Falsification of information or document required for residency verification, use of an address other than that of my residence, use of a business address, or use of the address of another person without actually residing at the address may result in revocation of the student's enrollment.

Signature of Parent/Guardian	Date
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AFFIDAVIT OF JOINT RESIDENCY
To Be Completed if Parent(s)/Guardian(s) and Student Are Living With Another Family/Individual

PERSON PROVIDING PROOF OF RESIDENCY
I hereby declare and affirm that the parties listed above live at the given address with me. I also agree to notify the school within two (2) weeks when residency has changed. Check one: Student and Parent(s) Student Only

First Name / Last Name	Signature of Person Providing Proof of Residency
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PROOF OF RESIDENCY DOCUMENTATION

In order to verify residency within the Nassau County School District, one current document (dated within the past 60 days) listed below must be provided showing the parent, legal guardian or other caregiver's name and street address. If the family is living in another person's household as listed in Affidavit of Joint Residency section above, the document must have the listed person's name and street address on it.

- Utility Bill: Gas, Electricity, Water, Land Line Telephone
- Lease Agreement/Rental Contract with Landlord's name, address, and telephone number
- Current Rent Receipt
- Letter on official letterhead, signed by the Landlord, stating that the parent/guardian/caregiver lives at the given address
- Mortgage, Real Estate Closing Papers, Mortgage Statement/Payment Book, Homeowner's Association Fee Statement
- Residence Insurance Statement
- Verification of Social Services with residence address specified

******* OFFICE USE ONLY *******
Check one or more and sign below.

Joint Residency	Proof of Residency Verified	Other Caregiver: <u>Authority for Delegation of Parental Authority</u> provided. Must also have transfer approved as per Adm. Rule 5.77.	Court-Appointed Guardian: Court Document provided	Foster Parent: <u>Authorization for Out-of-Home Placement</u> (FL Department of Children and Families form) provided	Student determined to be homeless. No proof of residency required.
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Verified By:	Date
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