

STUDENT/PARENT CHANGE OF ADDRESS FORM – 2018-2019 SCHOOL YEAR
BROWNSBURG COMMUNITY SCHOOL CORPORATION
310 Stadium Drive, Brownsburg, IN 46112

Attn: Kathy Adams, Registrar Phone: 317-852-5726 ext 2051 Fax: 317-858-4106 Email: kadams@brownsburg.k12.in.us

Student Name: _____ Grade: _____
Current School: _____ New school (for office use only): _____
Student Name: _____ Grade: _____
Current School: _____ New school (for office use only): _____
Student Name: _____ Grade: _____
Current School: _____ New school (for office use only): _____

Parent/Guardian Name(s) **new** address change applies to: _____

Student(s) resides with at **new** address (circle all that apply): mother father stepmother stepfather grandparent guardian other

Change in custody: Yes or No If yes, why (divorce, separated, etc.): _____

NOTE: If yes, legal custody paperwork will need to be provided.

Old address (include city & zip): _____

New address (include city & zip): _____

Subdivision: _____

Primary phone to be used for School Messenger calls to parents to inform of delays, etc. _____

Parent/Guardian (1) Name: _____ Relationship to student: _____

Employer: _____ Primary Phone: _____

Work Phone: _____ Alternate Phone: _____

Address if different than new address: _____

Email Address(s): _____

Parent/Guardian (2) Name: _____ Relationship to student: _____

Employer: _____ Primary Phone: _____

Work Phone: _____ Alternate Phone: _____

Address if different than new address: _____

Email Address(s): _____

*****Please attach a proof of residency for your new address. Example: current utility bill (received in the last 60 days), lease agreement (page 1 and signature page), mortgage statement or closing paperwork (settlement agreement page 1 and signature page).*****

Will your student(s) need bus transportation? Yes or No If yes, will they need it AM, PM or Both: _____

Pick-up Address: _____ **Drop-off Address:** _____

NOTE: Change(s) will **NOT** be made and transportation will **NOT** be provided to the new address **until we receive this form AND proof of residency**. School bus service for students living outside the BCSC Walking Area may take up to five business days to be scheduled. Parents should check the BCSC Transportation website (<http://www.brownsburg.k12.in.us/resources2/transportation>) to verify bus stop locations, times and other scheduling information. **Until a confirmed bus stop location and schedule is posted, parents are responsible for transporting their students to and from school.** For questions or other transportation concerns, contact BCSC Transportation at 317-852-6813.

You have the right for your student to remain at his/her current school for the remainder of the 2018-2019 school year only, or transfer to the new school in your new district. Please indicate which option you prefer:

_____ My student's school does not change, as my new address is within the same school district.

_____ I prefer for my child to move to the new school based upon my new address and transportation will be provided.

_____ I know that I will need to provide transportation for my child to remain at his/her current school to complete the 2017-2018 school year. If tardies (arrival or pick up) become a problem, student will be transferred to the new school (administrator decision).

Student will automatically be moved to their NEW SCHOOL for the 2019-2020 school year.

Parent/Guardian Signature

Effective Date