



Proud Traditions... Unlimited Possibilities

### Change of Address Form

When a currently enrolled student has a change of address, residency **must** be verified. The parent/guardian needs to complete this form **and provide acceptable proof of residency prior to the district updating the information**. All mail will be sent to the previous address and transportation will not be arranged until proper proof of residency is obtained.

New Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address Apt/Lot/Unit# City Zip

Old Address: \_\_\_\_\_  
Address Apt/Lot/Unit# City Zip

Move Effective Date: \_\_\_\_\_ Temporary Address? No  Yes  If Yes, please explain: \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Joint  Other \_\_\_\_\_  
(in one household) Only Only Custody

**Please check the box for the document that you are providing as proof of address.**

**\*\* You must provide a copy of the document. \*\***

**All documents must be complete, and in the Parent or Guardian's name.**

<input type="checkbox"/> Printed Verification Page from Assessor's Web Page	<input type="checkbox"/> Current Mortgage Statement or Current Property Tax Document	<input type="checkbox"/> Lease Agreement with Term listed, signed by all parties
<input type="checkbox"/> Settlement Statement or Warranty Deed from New Home Closing	<input type="checkbox"/> Purchase Contract with Possession/Closing date, signed by all parties	<input type="checkbox"/> Current Utility Bill or Utility Deposit Receipt

**Please list the names of ALL students living in the home who attend Indianola Community Schools.**

Student Name	Current School	Student Name	Current School

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment, and being held liable to pay tuition for the time in attendance as a non-resident student.

**I affirm that all information given is true and correct.**

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

Parent/Guardian Name: \_\_\_\_\_ email: \_\_\_\_\_  
(Please print)

**Email/Fax/Mail or Bring Your Paperwork to:**

Email Address: [enrollment@indianola.k12.ia.us](mailto:enrollment@indianola.k12.ia.us) Mailing Address: Indianola Community School District  
 Fax Number: 515.961.9502 Attn. District Enrollment Coordinator  
 Phone Number: 515.961.9500 Ext. 1516 1301 East 2nd Avenue  
 Indianola, IA 50125