



<b>Zone Transfer</b>	
<b>Current Yr:</b> Yes    No <b>NY:</b> Yes	
<b>Zone</b>	
<b>School:</b> _____	
<b>Transfer Effective Date:</b> _____	

## Request for Change of Address/Alternate Transportation

**Falsification of current address information will result in revocation of assignment.**

*I, the parent/guardian, certify that the following information is true and correct:*

**Student Information** (Please Print)

(Last Name)	(First Name)	(Middle Name)
(Street Address)	(Apartment Number)	(Zip code)
(Current school Attending)	(Grade)	

**Previous Address**

(Street Address)	(Zip code)
------------------	------------

**Do you want Bus Transportation?** (If eligible)    Yes \_\_\_\_ No \_\_\_\_    **Sepran** \_\_\_\_

- **Pick-up Address** (if other than home address):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

- **Drop-off Address** (if other than home address):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

**The student lives with:**    Mother     Father     Both Parents     Mother/Husband     Father/Wife     Other Person   
 If Other, Who \_\_\_\_\_ Relation \_\_\_\_\_

**Parent/Guardian Information**

(Parent/Guardian: Last Name)	(First Name)	(Home Phone)	(Cell Phone)
------------------------------	--------------	--------------	--------------

(Emergency Contact: Last Name)	(First Name)	(Emergency Phone)	(Relationship to student)
--------------------------------	--------------	-------------------	---------------------------

*If any of the above information changes, I understand that it is my responsibility to inform Staff at the school my child attends.*

Parent/Guardian Signature (Proof of guardianship may be required.)	Date
--	------

<b>-OFFICE USE ONLY-</b> Student ID# _____ D.O.B. _____ Bus Effective Date: _____			
Information Verified by:	District 205 Employee	Building/School	Date/Eschool    Date/Transportation



**Required Documents**

**WARNING:** In Rockford Public School District #205, parents/guardians are required to verify that they reside within the boundaries of the District. A person who knowingly or willfully presents to the Rockford School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the district without the payment of a nonresident tuition charge is guilty of a Class C Misdemeanor (105 ILCS 5/10-20.12b (f))

**TO BE COMPLETED BY PARENT/GUARDIAN  
LIST ALL CURRENT RPS STUDENTS**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Guardian and Employee: please initial below proofs used

CATEGORY A (1 OF THESE)	OR	CATEGORY B (2 OF THESE)
<b>All Documents must be dated within the last 30 days</b>		
<input type="checkbox"/> Mortgage closing papers (homeowners, closing DEED). Intent to purchase will <u>not</u> be accepted.		<input type="checkbox"/> Most recent Property Tax Bill and proof of payment (canceled check or Form 1098 homeowners).
<input type="checkbox"/> Signed and dated lease <i>WITH</i> proof of last month's payment  Or Catholic Charities, Rock Valley Immigration office letter		<input type="checkbox"/> Current medical card(s) <b>MUST</b> include the Parent(s)/Guardian(s) current address.
<input type="checkbox"/> F.I.T Referral		<input type="checkbox"/> Utility Bills  *Cell phone bill is acceptable as a utility bill
<input type="checkbox"/> Foster Care/ DCFS Placement		<input type="checkbox"/> Mail received at current address (only ONE piece of mail will be accepted) accompanied by another proof from category B.
* Affidavit of Residence : <input type="checkbox"/> Yes <input type="checkbox"/> No		

I hereby state that the information given above on this form is a true and correct statement of my legal residence and that I am a parent or the legal guardian of the above student. Should my legal residence change while the above listed student is enrolled in the Rockford Public School District, I will promptly notify the appropriate officials of this school district of the residency change. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent or legal guardian with whom the student resides. I understand that a pupil admitted under false information is not legally enrolled. The person providing the false information is subject to penalty (Class C Misdemeanor) and is responsible for reimbursement to the school district for tuition on behalf of the student.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Verified by:	<b>Office Use Only</b>		
District 205 Employee _____	School/ Dept. _____	Date _____	