



OLENTANGY | LOCAL SCHOOL DISTRICT

Our mission is to facilitate maximum learning for every student

CHANGE OF ADDRESS/ TRANSPORTATION FORM

Effective Date: (Month) _____ (Day) _____ (Year) _____

Students Name(s)	Current Building(s)	New Building(s) <i>if applicable</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW ADDRESS INFORMATION:

_____	_____
New Street Address	New City / Zip
_____	_____
New Phone Number	New Subdivision (if applicable)

FORMER ADDRESS INFORMATION:

_____	_____
Former Street Address	Former City / Zip
_____	_____
Former Phone Number	Former Subdivision (if applicable)

WILL YOUR STUDENT(S) GO TO A DAYCARE OR OTHER CHILD CARE PROVIDER BEFORE AND/OR AFTER SCHOOL?

IF **YES**, please complete page 2 to ensure that requested transportation services are available from the alternate location and return pages 1 and 2.

IF **NO**, please complete and return page 1.

PLEASE FAX/BRING THE FOLLOWING TO THE NEW STUDENT WELCOME CENTER (NSWC):

- Completed change of address form
1 per family
- Proof of residency in one of these forms:

Mortgage Statement	Settlement Statement
Lease or Rental Agreement	Property Tax Bill
Property Tax Statement	Warranty Deed

*** Utility Bills are *not* acceptable***

PARENT SIGNATURE REQUIRED BELOW:

Parent Name: _____

Signature: _____

Contact Phone: _____

Check with the office at your child's school for new bus information.

Please be advised new busing information takes between 24-48 hours.

Olentangy New Student Welcome Center
814 Shanahan Rd
Lewis Center, OH 43035

Phone: (740) 657-4030
Fax: (740) 657-4034



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PICK UP/ DROP OFF INFORMATION

STUDENT 1:

Student Name: _____

Daycare/ Child Care Provider Name _____

Street Address: _____

Phone Number _____

City/ Zip _____

STUDENT 2:

Student Name: _____

Daycare/ Child Care Provider Name _____

Street Address: _____

Phone Number _____

City/ Zip _____

STUDENT 3:

Student Name: _____

Daycare/ Child Care Provider Name _____

Street Address: _____

Phone Number _____

City/ Zip _____

STUDENT 4:

Student Name: _____

Daycare/ Child Care Provider Name _____

Street Address: _____

Phone Number _____

City/ Zip _____

PARENT SIGNATURE REQUIRED BELOW:

Parent Name: _____

Contact Phone: _____

Parent Signature: _____

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