



Change of Address Form

PALO ALTO UNIFIED SCHOOL DISTRICT
25 Churchill Avenue • Palo Alto, CA 94306

Date _____

Student's Last Name _____ Student's First Name _____

School _____ Grade _____ Birthdate _____

Parent Name *(Please Print)* _____

Old Address

Address _____ Date of Move _____

City _____ Zip Code _____ Home Phone _____

New Address

Address _____ Date of Move _____

City _____ Zip Code _____ Home Phone _____

Proof of Residency(original documents must be submitted with this application)

- Valid Driver's License or Photo Identification Card
AND
- Original Property Tax Bill or Card OR
- Original Signed Lease Agreement with Manager's Name and Phone Number
AND
- Current, Valid Vehicle Registration OR
- State or Federal Tax Return Filed within the Past 12 Months with W-2 form(s) attached. Business returns are not acceptable OR
- Current Bank Statement, issued within 35 days from the date of registration.

Parent's Signature _____

Siblings currently enrolled in PAUSD

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL PREFERENCE

For elementary level, you will need to contact your school principal regarding placement.

Return this form to the Central Attendance Department at 25 Churchill Ave.

For School Use Only

Grid	<input type="text"/>	AttPrmCd	<input type="text"/>	NxtSch	<input type="text"/>	Emergency Card	<input type="text"/>
Caregiver Affidavit	<input type="text"/>	Intradistrict Affidavit	<input type="text"/>	Interdistrict Transfer	<input type="text"/>		

Notes