

# WAPAKONETA CITY SCHOOLS

Keith Horner, Superintendent  
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## STUDENT CHANGE OF ADDRESS

**\*Please include all students in family on this form.**

Effective Date: \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Were you previously open enrolled from another district? \_\_\_\_\_ yes \_\_\_\_\_ no If yes what district? \_\_\_\_\_

Student Name: \_\_\_\_\_ Building Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Building Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Building Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Building Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

*List names and relationship of any other members of household that this address applies to:*

Father \_\_\_\_\_ Mother \_\_\_\_\_

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Guardian \_\_\_\_\_

Parent/Guardian requesting change: \_\_\_\_\_ Date: \_\_\_\_\_  
**FOR OFFICE USE ONLY:**

Building Personnel: Please make changes for your building. If additional students are listed in other buildings in the district, scan and email the form to the appropriate building. If the answer to open enrolled from another district is marked yes, notify Deb Walls of change of address.