



Loudoun County Public Schools

CHANGE OF ADDRESS FORM

(Please print)

Name of Student(s)	Grade(s)	Birth Date(s)	ID #(s)	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent's Name _____

Old Address _____

New Address _____

Is this move a result of any of the following? **NO** **YES** (If YES, please circle any that apply)
Foreclosure Eviction Flood/Fire/Natural Disaster Fleeing Domestic Abuse Economic Hardship Other

New Phone #(s): (h) _____ (dad-w) _____ (dad-c) _____
(h) _____ (mom-w) _____ (mom-c) _____

Email address: _____

It is understood that the information provided by the undersigned is accurate. Any attempt to falsify information shall result in withdrawal of the student(s), and the appropriate tuition charge shall be assessed for each student(s) found not to be residents in Loudoun County. Under §22.1-264.1 of the **Code of Virginia**, any person who knowingly makes a false statement concerning the residency of a child for the purposes of avoiding tuition or enrollment in a school outside the student's attendance zone, shall be guilty of a Class 4 misdemeanor.

Parent's Signature _____ **Date** _____

Address changes will not be made without one of the following: A signed lease, settlement papers, mortgage statement or determination of housing status document. Additional documentation may be requested.

To ensure that you continue to receive important academic information and related mailings from your school, **return the required documents and this form directly to your school.**

For School Personnel Only		
Proof of residency verified	Change entered in Phoenix	McK-V eligible
_____ initials	_____ initials	_____ Yes
_____ date	_____ date	_____ No
_____ document seen		_____ Forms sent