St. Johns County School District

Student Change of Address Form

Last Modified 11/18/2016

Please complete this form and submit to your child's school along with valid proofs of residency for your new address.

The following documents are acceptable and must be dated within 30 days.

(*required document)

☐ *Mortgage Statement / Property Deed /HUD

☐ *Lease / Rental Agreement Exp. Date _____
(with student names listed)

and If applicable:

☐ Homeowners Acknowledgement Form & Affidavit of Residency Form (for current school year only)

(along with two of the following documents)

☐ *Utility Bill
☐ Property Tax Record
☐ Telephone/ Cellular Statement
☐ Homeowners / Renters Insurance Documents
☐ Bank Statement / Paycheck Stub
☐ Vehicle Registration
☐ Credit Card Statement
☐ Medical Insurance Statement
☐ Other: _____

Parent/Legal Guardian: _____ Phone #: _____ Valid Photo ID: ☐

Old Address: _____

New Address: _____ Effective Date: _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Grandparents ☐ Parent & Step-Parent ☐ Other: _____

Please fill out this form once per address change, listing all students who reside in your household and attend SJCSD schools. For your convenience, all students who are linked together and reside in your household will be updated with the new address.

Last Name	First Name	Birthdate	Current School of Enrollment	Grade

I affirm that all information given above is true and correct. To remain at current school of enrollment, please visit www.stjohns.k12.fl.us/schoolservices/transfers/. I understand I have three days to complete the Out of Zone transfer request.

Parent/Guardian Signature: _____ Date: _____

For school use only: Intake school, please copy this sheet and forward to any school for students listed above.

Received by: _____ Position: _____ School: _____ Date entered: _____