

Hazel Crest School District 152½

REQUEST FOR CHANGE OF ADDRESS

To officially change your student's address, you are required to provide **TWO** address verification documents, dated within the last 60 days. You must do this even if you have notified your child's school of the new address. Acceptable documents are listed below.

No envelopes, advertising or correspondence accepted.

Please check the documents you have included with this notice.

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Light Bill | <input type="checkbox"/> Court Document | <input type="checkbox"/> Other |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Insurance Doc. | _____ |
| <input type="checkbox"/> Mortgage State. | <input type="checkbox"/> DCFS Document | |
| <input type="checkbox"/> Landline Tele. Bill | <input type="checkbox"/> Tax Document | |

Move Effective Date: _____

Do you receive bussing to School? **Yes** or **No** **Please circle**

Last Name of Student _____ First Name Student _____	
SIS# _____	Birth Date _____
New Street Address _____ City _____ State _____	
_____ Zip Code _____	
Email Address _____ Home Phone No. _____	
Cell Phone No. _____	
PARENT/GUARDIAN SIGNATURE _____	
PLEASE PRINT NAME DATE _____	
<i>Additional children attending Hazel Crest School District 152½ that live at this new address.</i>	
Write clearly.	
Last Name _____ First Name _____	
Student SIS# _____ Birthdate _____	
Last Name _____ First Name _____	
Student SIS# _____ Birthdate _____	
Last Name _____ First Name _____	
Student SIS# _____ Birthdate _____	

Email/Fax/Mail or Bring Your Information To:
Email Address: ypayne@sd1525.org
Mailing Address Hazel Crest School District 152.5
1910 W 170th Street
Hazel Crest Illinois 60428
Fax Number: (708)210-9582
Telephone: (708) 335-0790

