

Catoosa County Public Schools Transfer and Change of Address Form:

Date ____/____/____ Transfer _____ Address change _____ Custody Change _____ Re-enroll (Other) _____

Names of “**ALL**” children who **you hold legal guardianship** for and are attending Catoosa County Public Schools and will be included in this Address Change of Information.

| Student Name | School Transferring From | School Transferring To | Grade | PERM @ CCPS |
|--------------|--------------------------|------------------------|-------|-------------|
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Father/Guardian Information

Name: _____

Relationship: _____

Home Address: _____

City, State & Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Legal Guardian: ___Yes ___No

Resides with: ___Yes ___No

Mother/Guardian Information

Name: _____

Relationship: _____

Home Address: _____

City, State & Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Legal Guardian: ___Yes ___No

Resides with: ___Yes ___No

Legal Guardians Please Read and Sign

Maintaining accurate residency information for students is important for student safety and ensures that board policies regarding attendance in school zones are followed. I certify that I am the custodial parent/guardian of the student(s) indicated and that the above residency information is correct. I understand that it is my responsibility to notify the school should my address or contact information change.

Signature: _____

Signature: _____