

Withdrawal: □Immediate □End of Semester: \_\_\_

## **Atlanta Classical Academy**

## **Change of Address/Change of Contact Information**

If a student's residence or contact information changes during the school year, the parent or guardian is required to notify the school. The parent or guardian must complete a change of address form and a new residency affidavit accompanied by new proof of residency documentation. This information must be submitted within fourteen (14) days of any move or change of address. This form should be returned to the Registrar's Office.

EFFECTIVE DATE:		
CTUDENT NAME		
ADDRESS MOVING FROM:		
ADDRESS MOVING TO:		
Is the change of address due to temporary loss	of housing? □NO □YES	
<b>Current Contact Information:</b>		
Mother's Home Phone:	Father's Home Phone:	
Mother's Cell Phone:	E d d C II DI	
Mother's Work Phone:	Father's Work Phone:	
Mother's Email:	Father's Email:	
List Siblings Currently Attending Atlanta C	Classical Academy:	
Student Name		Grade
Attach the following items for address chan and (2) new Georgia Power Bill or Georgia  Each student must attend school where he or s move from for a limited time. If a student or h attendance zone, that student will be allowed to	Power Letter of Residency.  he is zoned. Students who move may is/her family moves during the school	y attend the school they
the semester in which the move occurred provi		sensor until the end of
1. The student moved after the semester		
<ol> <li>The parent/legal guardian completes a days of the establishment of the new results.</li> <li>Student meets attendance and behavion</li> <li>The school is not exceeding capacity.</li> </ol>	esidence;	within fourteen (14)
I verify this information is true and correct.  Parent/Legal Guardian Name (please print)  Parent/Legal Guardian Signature  Date		
Office Use Only New address within current school zone: □Yes □No	New zone school:	