

# NORTHWEST LOCAL SCHOOL DISTRICT

800 Mohawk Drive  
 McDermott, Ohio 45652-9000  
 Telephone: (740) 259-5558 FAX: (740) 259-3476



## STUDENT CHANGE OF ADDRESS

In order for the Northwest Local School District to maintain accurate data regarding its students, please complete the following information if you have any change in residence (either within or outside of the current district of residence) and return it promptly to the address above. (Please note that residence affects a number of factors relating to your child's education – for example, bus transportation assignments, correspondence to parents/guardians, reports to the Ohio Department of Education, etc.)

<b>Student Status:</b> <input type="checkbox"/> Resident of Northwest LSD <input type="checkbox"/> Open Enrollment ( <i>District of Residence:</i> _____ )			
<b>STUDENT'S NAME:</b>		<b>SSN:</b>	
<b>PARENT/GUARDIAN:</b>		<b>Daytime Phone #:</b>	
<b>GRADE:</b>	<input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	<b>BUILDING:</b>	<input type="checkbox"/> Northwest High School <input type="checkbox"/> Northwest Middle School <input type="checkbox"/> Northwest Elementary School <input type="checkbox"/> Other:
<b>OLD ADDRESS:</b>			
<b>NEW ADDRESS:</b> (Please provide complete 911 address in addition to mailing address, if different.)			
<b>NEW TELEPHONE #:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is student currently attending Northwest Local Schools under an Open Enrollment agreement?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Open Enrollment agreement exists, does change of address affect current district of residence? If yes, please indicate new district of residence:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has student withdrawn from Northwest Local Schools as a result of address change?		
Please provide any other information relative to address change:			
<b>EFFECTIVE DATE OF ADDRESS CHANGE:</b>			
<b>➔ SIGNATURE (Parent/Guardian):</b>			
➔ <input type="checkbox"/> Information received by telephone/parent note – no signature required – attach copy of parent note.			

<b>(For NLSD use only – Please DO NOT write below this line.)</b>	
<b>Date Received:</b>	<b>Received By:</b>
<b>ATTENTION BUILDING ADMINISTRATORS:</b> Please FAX a copy of this form to Administrative Office at 259-3476 <b>IMMEDIATELY upon receipt/notification.</b>	

Received in Administrative Office:	By:
New Bus Assignment:	