



# Orange Township Public Schools

Dr. Gerald Fitzhugh, II  
Superintendent of Schools



Lisa Spottswood Brown  
District Registrar/Information Support Services Manager

## CHANGE OF ADDRESS FORM

**THIS FORM AND ALL PROOF OF RESIDENCY MUST BE SUBMITTED TO THE CENTRAL REGISTRATION OFFICE. ADDRESS CHANGES WILL NOT BE EFFECTIVE UNTIL THIS FORM AND ALL RESIDENCY DOCUMENTS HAVE BEEN SUBMITTED AND APPROVED.**

REASON FOR CHANGE OF ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

HOMEOWNER: \_\_\_\_\_ RENTER: \_\_\_\_\_

IS THE STUDENT MOVING TO A **DIFFERENT** SCHOOL IN THE DISTRICT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES**, WHAT DATE WILL THE STUDENT BE ENROLLED AT THE NEW SCHOOL? \_\_\_\_\_

ADDITIONAL CHANGES: Please List New Phone Number (If Applicable) NEW

PHONE NUMBER: YES \_\_\_\_\_ NO \_\_\_\_\_

MOBILE: \_\_\_\_\_

HOME: \_\_\_\_\_

### PLEASE LIST ALL SIBLINGS ATTENDING ORANGE PUBLIC SCHOOLS:

NAME OF SIBLING	GRADE	SCHOOL

CHANGE OF ADDRESS APPROVED BY: \_\_\_\_\_

CHANGE OF ADDRESS UPDATED IN GENESIS BY: \_\_\_\_\_