

WAPAKONETA CITY SCHOOLS

Keith Horner, Superintendent
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419.739.2900 Fax 419.739.2918

STUDENT CHANGE OF ADDRESS

***Please include all students in family on this form.**

Effective Date: _____

New Address: _____

Telephone: _____

Were you previously open enrolled from another district? _____ yes _____ no If yes what district? _____

Parent/Guardian requesting change: _____ Date: _____

Names of Parent/Guardian who will also have this address: _____

Student Name: _____ Building Attending: _____ Grade: _____

Student Name: _____ Building Attending: _____ Grade: _____

Student Name: _____ Building Attending: _____ Grade: _____

Student Name: _____ Building Attending: _____ Grade: _____

Student Name: _____ Building Attending: _____ Grade: _____

FOR OFFICE USE ONLY:

Building Personnel: Please make changes for your building. If additional students are listed in other buildings in the district, scan and email the form to the appropriate building. If the answer to open enrolled from another district is marked yes, notify Deb Walls of change of address.