

**Chagrin Falls Exempted Village Schools**  
400 East Washington Street  
Chagrin Falls, OH 44022

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Old Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household Phone: \_\_\_\_\_

**New Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Household Phone: \_\_\_\_\_

**Please list all siblings effected:**

First Name	Date of Birth	Grade		

**Indicate if Parent / Guardian Information has Changed:**

**Mothers Name** \_\_\_\_\_ **Lives with Family**  Yes  No **Employer** \_\_\_\_\_ **Business Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address**

**Fathers Name** \_\_\_\_\_ **Lives with Family**  Yes  No **Employer** \_\_\_\_\_ **Business Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address**

Parent's Marital Status  Married  Divorced  Separated  Never Married  Mother Deceased  Father Deceased

If applicable, which parent has custody?  Mother  Father  Joint  Other: \_\_\_\_\_

If applicable, would the nonresidential parent like to receive school correspondence?  Yes  No

If the child is NOT living with both parents, is there a temporary or permanent order/decreed allocating parental rights and responsibilities?  Yes  No

If YES, you must provide a certified copy of that order and/or a certified copy of any future modification order to the school registrar. If no order is available because of pending legal action, a notarized letter stating the date of the court proceedings from your attorney must be presented. If you are not a parent and are in the process of obtaining custody, you must present a notarized statement from your attorney that you are an adult legal resident of the district and have begun legal measures for custody of the child.

To the best of my knowledge, all of the above information is correct and may be filed with my child's school records.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please do not write below this line:

<input type="checkbox"/> <b>Proof of Residency Received</b>	<input type="checkbox"/> <b>Legal Documentation Received</b>
Date: _____	Date: _____
By: _____	By: _____