



Address Change Request

Effective Date: _____

You must provide documentation to verify your address (copy of a utility bill, rental/lease agreement, or buy/sell agreement). If you have moved out of the GHAPS district, you must complete a Non-Resident Application for each student, as well.

List all GHAPS students affected by this change: (if additional lines are needed, please use the back of this form)

Name	Building	Grade

New Address _____ City _____ Zip _____

List phone number, if changed _____

Parents/Guardian residing at this address:

Name	Relationship

Transportation change: ☐ Yes ☐ No change to current schedule ☐ Does not qualify

In order to increase student safety and be more operationally efficient, please select one (1) pick up location and one (1) drop off location.

	Circle One (1) Location	Contact info for Alternate Address
PICK UP at the bus stop nearest:	Home or *Alternate or No Transportation Necessary	
DROP OFF at the bus stop nearest:	Home or *Alternate or No Transportation Necessary	

*Alternate address _____ City _____ Zip _____

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No

2. Is this temporary living arrangement due to loss of housing,
economic hardship, or other similar circumstances? ☐ Yes ☐ No

If you answered NO to all the above questions, simply sign and date the bottom of the form.

If you answered YES to any, please complete the remainder of this form.

Where is student presently living?

☐ In a hotel/motel ☐ In a shelter or other transitional housing

☐ Park, campground, public space, abandoned building, or substandard housing.

☐ With more than one family in a house or apartment. Who residing with? _____

☐ With an adult that is not a parent or legal guardian. Who residing with? _____

☐ Alone, without an adult. Who residing with? _____

☐ In Foster Care. Date of Placement? _____

☐ Other? Please explain. _____