



Excellence in Education

AVON LOCAL SCHOOLS

CHANGE OF ADDRESS/TELEPHONE NUMBER

To: Registrar

School: _____

Student Name: _____

Street Address: _____

City, State, Zip _____

Same Number

New Number _____

Phone Number: _____

Signed: _____
(Parent, Guardian, Legal Custodian)

Initial or mark N/A:	OFFICE USE ONLY
Basic screen updated: _____	Date processed: _____
Copy to: Office: _____	Athletics: _____ Transportation: _____