



<b>For Office Only</b>	
Power School	_____
Email Building(s)	_____
Residency Affidavit	_____

## Student Demographic Change Form (ONE per family)

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_  
                     First Name                      Middle Name                      FULL Last Name  
 DOB \_\_\_\_\_ Current School \_\_\_\_\_ New School \_\_\_\_\_

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_  
                     First Name                      Middle Name                      FULL Last Name  
 DOB \_\_\_\_\_ Current School \_\_\_\_\_ New School \_\_\_\_\_

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_  
                     First Name                      Middle Name                      FULL Last Name  
 DOB \_\_\_\_\_ Current School \_\_\_\_\_ New School \_\_\_\_\_

**SECTION 1 – COMPLETE IF ADDRESS AND/OR HOME PHONE CHANGE**

All parents/guardians who have students currently enrolled in Liberty Public Schools, and change residence within the Liberty Public Schools attendance boundaries, will need to report their new residential address to the Student Services Office. All parents reporting an address change should be referred to the Student Services Office, 8 Victory Ln., Liberty, MO 64068 Residential documentation will be required verifying the new address.

Acceptable residential documentation includes: (All Documents must be dated within the last 60 days.)

A signed lease agreement or home sales contract stating the parents/guardians name and new residential address.

OR

Two utility bills (gas, water, or electric) stating the parents/guardians name and new residential address.

OLD Family Address	Apt/Unit #	City	State	Zip Code
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NEW Family Address	Apt/Unit #	City	State	Zip Code
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NEW Home Phone	Mailing Address (if different from family)
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The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your new address a temporary living arrangement?                      \_\_\_\_\_ Yes      \_\_\_\_\_ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?                      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you answered yes to either question, indicate where students are living?

\_\_\_\_\_ Motel/Hotel    \_\_\_\_\_ Shelter    \_\_\_\_\_ More than one family in apartment/home    \_\_\_\_\_ Moving place to place    \_\_\_\_\_ Car/Park

I affirm that all information given above is true and correct. I understand and agree that if it is later determined that one or more students enrolled with they are not legal residents of Liberty Public Schools, District 53 such students will be withdrawn immediately from Liberty Public Schools. I agree that if a student named above does not in fact reside at the address indicated, but is a District resident, the student will be transferred to the appropriate school.

Parent/Guardian Signature: \_\_\_\_\_ Email \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Date \_\_\_\_\_  
 (PLEASE PRINT)                      First Name                      Last Name

**SECTION 2 – PARENT/GUARDIAN CONTACT INFORMATION**

1. (Please circle ONLY one):      Mother      Father      Guardian      Resides With    Yes    Or    No

\_\_\_\_\_      \_\_\_\_\_  
First Name      Full Last Name  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
EMAIL Address \_\_\_\_\_  
Employer Name \_\_\_\_\_

Address & home phone if parent does not reside with student:

\_\_\_\_\_ Phone # \_\_\_\_\_  
( address, city, state and zip code)

2. (Please circle ONLY one):      Mother      Father      Guardian      Resides With    Yes    Or    No

\_\_\_\_\_      \_\_\_\_\_  
First Name      Full Last Name  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
EMAIL Address \_\_\_\_\_  
Employer Name \_\_\_\_\_

Address & home phone if parent does not reside with student:

\_\_\_\_\_ Phone # \_\_\_\_\_  
(address, city, state and zip code)

I affirm that all information given above is true and correct. Please make the changes as indicated above.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3 – EMERGENCY CONTACT INFORMATION (other than Parent/Guardian listed above):**

**Emergency Contacts:** These are individuals whom we can call if there is an emergency and if you cannot be reached. These individuals are allowed to pick up the students listed on this form.

1.	_____	_____	_____
	Print FULL Name (First, Last)	Phone (circle one: Home, Cell, Work)	Relationship to Student
2.	_____	_____	_____
	Print FULL Name (First, Last)	Phone (circle one: Home, Cell, Work)	Relationship to Student
3.	_____	_____	_____
	Print FULL Name (First, Last)	Phone (circle one: Home, Cell, Work)	Relationship to Student

I authorize officials of Liberty Public Schools to contact the persons I have designated as emergency contacts and in the event my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary, in their judgment, for the health and safety of the aforesaid children. Expenses, including any incurred as a result of emergency ambulance use or treatment by a physician will not be borne by the District.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_