



Elizabethtown-Lewis Central School District

NOTIFICATION OF CHANGE OF ADDRESS

Name: _____

New Address: _____ _____ (No. and Street) _____ (City or Village) (State) (Zip)	Former Address: _____ _____ (No. and Street) _____ (City or Village) (State) (Zip)
Phone no. _____	Phone no. _____
Date of Change _____	Date of Change _____

Instructions: Complete this form prior to change of address. If you expect to reside at a different address during the summer, please complete the appropriate section below prior to the end of the school year. Notify your Administrator/Supervisor and submit this form to the office of the Superintendent of Schools.

SUMMER ADDRESS (Complete prior to end of school year if different from above)

Summer Address: _____ _____ (No. and Street) _____ (City or Village) (State) (Zip)
Phone No. _____
Date of Change _____
I expect to return to my permanent address by _____ (Date)

Employee Signature: _____ Date: _____