

CHANGE OF ADDRESS
Madison Local School District

Name _____

Social Security # _____

Street Address: _____

City, State, Zip: _____

Date Moved

Public School District of Residence (Name)

Public School District Number

Signature of Employee

Date

*Clear Fork Valley Local SD – 7001 Crestview Local SD – 7002 Lexington Local SD – 7003 Lucas Local SD – 7004 Madison Local SD - 7005
Mansfield City SD – 7006 Ontario Local SD – 7009 Plymouth Local SD – 7007 Shelby City S.D. – 7008 Ashland City SD - 0301*

Please fill out, print, sign and send to Lisa Thoman-Cha at the Board Office.

Thank You

NAME: (Please Print) _____

SS# _____

I live in a city that has a City Income Tax. Yes _____

No _____

Date of Birth

I live in:

Ashland _____ Lexington _____

Crestline _____ Mansfield _____

Shelby _____ Ontario _____

Other _____

Telephone # _____

(Listed) (Unlisted)

County of Residence

E-mail address (required)

SIGNED: _____

DATE: _____