

LONG BEACH PUBLIC SCHOOLS
CHANGE OF ADDRESS FORM

Date: _____

Parent Name: _____ (print)

Parent Signature: _____

New Address: _____

New Phone: _____

Student Name: _____ Grade: _____ School: _____

Student Name: _____ Grade: _____ School: _____

Student Name: _____ Grade: _____ School: _____

Student Name: _____ Grade: _____ School: _____

Student Name: _____ Grade: _____ School: _____

Parent or legal guardian must submit the following proof of residency in the City of Long Beach:

Mortgage Statement OR Property Tax Bill **AND** a current utility bill **in your name**
or

Lease OR recent rent receipt **AND** a current utility bill **in your name**

Return to:
The Registration Office, Lindell School, Room 119
Registration hours are daily from 8:00 AM – 11:00 AM
For questions, please call 897-2212

(For Office Use Only)

Residency Proof Provided: _____

Missing: _____