

REQUEST OF ADDRESS CHANGE

To request a change of address, please submit this completed form and your proof of residency documents.

Student Name	Student ID Number	
	Student's Current APS School	
New Home Address		
Previous Home Address		
PROOF OF RESIDENCY- Parents/legal guardians	are required to show proof that they live wi	th their child in Arlington.
☐ Current Lease Agreement- In the Parent's	tudent's parent/legal guardian owns and live Name signed by the lessor and lessee or tend ion from a new home purchase if the deed ha	ant and landlord
 □ Form A- Parent/Legal Guardian/Adult Student Residency Affidavit One guardian/adult student's name and address must be provided: Current Federal, state or property tax return, vehicle registration, Valid Virginia driver's license with current address, current payroll or withholding statement, current utility bill, documentation of financial assistance from Arlington County. □ Form B- Statement of Arlington Resident Affidavit- One of the following must be provided: A deed, deed of trust, mortgage agreement, or current lease agreement must accompany this affidavit Forms A and B are available on the APS website at https://www.apsva.us/student-services/residency/ 		
My typed name serves as my signature.		
Parent Name	Signature	Date
Parent Phone Number	Parent E-mail Address	