



JENNIFER BOYD
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LANETT CITY SCHOOLS

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BOARD OF EDUCATION

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STUDENT CHANGE OF ADDRESS FORM

STUDENT'S NAME: _____

NEW ADDRESS: _____

GRADE & TEACHER: _____

PARENT OR GUARDIAN: _____

TELEPHONE NUMBER: _____

BUS NAME & NUMBER: _____

SCHOOL OFFICIAL AUTHORIZATION: _____

DATE: _____

SPECIAL INSTRUCTIONS: _____

CLIFFORD STORY
TRANSPORTATION DIRECTOR
334-644-5994