APEX FRIENDSHIP HIGH

CHANGE OF ADDRESS INSTRUCTIONS

In order to complete an address change, we need:

- School Assignment form (2805-routine)
- Proof of Residence in the form of a current (within the last 30 days) electric, gas or water bill, a signed lease agreement in the last 60 days, or a settlement or closing statement within 30 days in the name of the parent or court-appointed guardian.
- A copy of the parents ID
- Transportation service request form (if bus is needed)

You can come in to the school to complete the paperwork or email all necessary paperwork including a copy of parent's ID to jjwall@wcpss.net. If you have any questions, contact Jennapher Wall at 919-694-0500 ext. 20016.

Office of Student Assignment – Crossroads I, 5625 Dillard Dr. Cary, NC 27518 (919) 431-7333

SCHOOL ASSIGNMENT FORM (2805 – ROUTINE) – Revised 7/22/2016

STUDENT'S NAME: _____
First Middle Last

Date of Birth: _____ Grade: _____ Sex: _____ Race: _____

Address: _____

_____

REASON FOR REQUEST:

- ☐ New address (current gas/water/electric bill; new signed lease)
- ☐ Parent AND student residing with relatives or friends 60
- ☐ Custody
  - ☐ Joint Custody – selection of school 50.1
  - ☐ Legal Custody 50.3
  - ☐ Foster Placement 50.6
  - ☐ Group Home 50.7
- ☐ Pending move (offer to purchase contract w/in 45 days) 70.1
- ☐ Charter School (summer only) 40

Previous Address _____

_____

Last School Attended _____

In the event that your recent move results in a CHANGE IN SCHOOL ASSIGNMENT for your child, please initial ONE of the following:

_____ I want my child to continue attending this (current) school for the remainder of the school year. I understand that if I have moved outside the base attendance area for the school, I will be responsible for providing transportation for my child to and from school. I also understand that my child will be assigned to the base school for our new address for the next school year.

_____ I want my child to attend the base assigned school for our new/updated address. (I will submit a transfer application to return to base).

Parent/Guardian Affidavit

Initial Below

_____ I verify that the information contained on this School Assignment Form is true and accurate.

_____ I verify that any information/documentation I have provided in support of this information is true and accurate.

I attest that the information contained in this document is true and accurate and I understand that if school officials determine I have misrepresented any material in this School Assignment Form, this school assignment will be revoked and my child will be immediately assigned to his/her correct school.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Telephone Numbers Home _____ Office _____

SCHOOL ASSIGNED _____ **START DATE** _____

_____ _____

Signature of Approving School Staff **Date**

___ Parent Drop Off

___ Student Drop Off

CHANGE OF ADDRESS REQUEST

Parent/Guardian Complete

Student Name: _____ **Date of Birth:** _____

Grade: _____ **Student ID (if known):** _____

Phone Number: _____ **Email:** _____

Names of Siblings in District	School	Grade	Date of Birth

Transportation

___ Check here if Transportation is needed.

Parent/Guardian Signature: _____

IN OFFICE USE ONLY:

__ Updated __ Email Notification Sent __ Transportation Requested __ Filed

TRANSPORTATION SERVICE REQUEST

WAKE COUNTY PUBLIC SCHOOL SYSTEM

INSTRUCTIONS

Use this form to request transportation service for students based on their home address of record with WCPSS. Parents/Legal Custodians must complete this form approximately one month before the start of school to guarantee bus service on the first day of school. Specific deadlines for requesting service can be found at www.wcpss.net/transportation. Students must be eligible for transportation to receive services. To check eligibility, visit www.wcpss.net/preview. Requests received after 30 days prior to the first day of school will be processed in the order received. Eligible students will be added to existing bus stops during the first 30 days of school if there is capacity. Bus stop locations are posted on the WCPSS Transportation web page at least one week prior to the start of school.

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程，请致电 (919) 852-3303

TRANSPORTATION REQUEST

Will your student need bus transportation?
☐ Yes ☐ No

Name of school enrolled

If yes, when will this student need transportation?
☐ AM/PM (round-trip) ☐ AM only (morning rider) ☐ PM only (afternoon rider)

PARENT/LEGAL CUSTODIAN INFORMATION

Parent's/ Legal Custodian's First Name	**Parent's/Legal Custodian's Last Name**
E-mail	Phone Number (Best number to reach you)

Street Address

City	State	Zip Code

STUDENT INFORMATION

Student's First Name	**Student's Last Name**

Street Address (If different from parent)

City	State	Zip Code

FOR OFFICE USE ONLY

Registering school	Student ID Number	Name of Staff Member

Revised Jan. 2014