

**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: \_\_\_\_\_