



STAFFORD COUNTY PUBLIC SCHOOLS
Family Relocation and Name Change Form

INSTRUCTIONS: Your child's school must be notified if the student/parent has a legal name change or a change of address. SCPS students who move into another SCPS attendance zone during the school year may continue to attend their current school until the end of the school year. This form must be completed and submitted for each child at the time of the move. The parent or guardian must submit the form to the student's current school and provide proof of residency or legal name change to the school.

TO BE USED FOR A MOVE DURING THE 2021-2022 SCHOOL YEAR ONLY

Student Last Name: _____ First Name: _____ MI: _____ Date: _____
 Attending School: _____ Base School: _____ Current Grade: _____

STUDENT NAME CHANGE						
<i>***Must provide legal documentation***</i>						
Student OLD legal name (as it appears on student registration)				Student NEW name (as it appears on legal documentation)		
Last	First	Middle	Last	First	Middle	
CHANGE OF ADDRESS						
DATE OF MOVE: mm/dd/yy						
<i>***Must provide proof of residency when changing address***</i>						
Residence Address of Student						
Street	Apt. No.	City	State	Zip	New Home Telephone	
						() _____ - _____
Mailing Address (if different from above)						
Street/PO BOX	Apt. No.	City	State	Zip		

I understand that: 1) transportation is the responsibility of the parent/guardian; 2) the student must be a Stafford County resident; 3) transfer students are subject to the Virginia High School League (VHSL) rules for competitive activities; 4) if the student wishes to return to the current school for the following school year, **a Student Transfer Application must be submitted and approved during the transfer open window using a valid reason for transfer.**

- Child Care – For ES and MS students ONLY.
- Specific medical, emotional or adjustive need.
- Sequential (multi-year) curricular program
- Other valid need

I certify that all the information on this form is correct to the best of my knowledge.

Print Parent/Guardian Name: _____ Parent Email: _____

Parent/Guardian Signature: _____ Date: _____

School Office Use Only Attach this information to the Student Registration form in the Student's Cumulative file. Document provided for Residency/Legal Name Verification: _____ Signature of School Personnel receiving Residency/Legal Name Verification: _____ <p align="center">***Please send copy of this form to the Student Transfer Office***</p>
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Transfer Office Use Only Date Reviewed: _____ Received By: _____ Code: _____
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