DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

Steven M. Lamarche *Superintendent of Schools*

Richard J. Mathieu
Director of Finance and Operations



68 Dudley-Oxford Road Dudley, Massachusetts 01571 508-943-6888 508-943-1077 – fax www.dcrsd.org Lorinda C. Allen
Director of Pupil and Personnel Services

Dr. Brian J. AckermanAssistant Superintendent of
Teaching and Learning

Family Change of Address Form

Parent(s)/G	ardia	n(s) Name:			
If both parents are no	t moving, we	will keep the parent not liste	d at former address	(Effective Date of Change))
Child(ren):				<u></u>	
,	(Name)			(Grade/School)	
	(Name)			(Grade/School)	
	(Name)			(Grade/School)	
Former Add	lress:				
		(Number/Street Name)			
			, MA		
		(City)	(Zip)		
New Addres	SS:	(Number/Street Name)			
		(City)	, MA		
Ologgo attac	h 1 ita		1 11	ency in the Dudley-Charlton Re	gion
School Distr		m nom each con	min to verny new reside	ency in the Dudley-Charlton Re	gion
	Col	lumn A	Column B	Column C	
Evidence of Residency			Evidence of Occupance	Evidence of Identification (Photo ID)	n
	nt and/o	recent mortgage r property tax bill	Recent bill dated within the p 60 days showing Dudley-Cha	rlton Valid Massachusetts photo ID ca	ard
Copy o	of lease a	nd record of recent	address: Gas, Electric, Oil, Lar	ıdline Valid passport	

Please return form and new residency documents in one of the following ways:

Mail - Dudley-Charlton Regional School District, Central Registrar, 68 Dudley-Oxford Road, Dudley, MA 01571

Telephone, Cable, Excise Tax.

• Fax to (508)-943-1077

rental payment

Email to alafond@dcrsd.org

Section 8 agreement