

# DUDLEY-CHARLTON REGIONAL SCHOOL DISTRICT

**Steven M. Lamarche**  
*Superintendent of Schools*

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*Director of Finance and Operations*



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**Lorinda C. Allen**  
*Director of Pupil and Personnel Services*

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*Assistant Superintendent of  
Teaching and Learning*

## Family Change of Address Form

**Parent(s)/Guardian(s) Name:** \_\_\_\_\_

If both parents are not moving, we will keep the parent not listed at former address

\_\_\_\_\_ (Effective Date of Change)

**Child(ren):** \_\_\_\_\_  
(Name)

\_\_\_\_\_ (Grade/School)

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Grade/School)

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Grade/School)

**Former Address:** \_\_\_\_\_  
(Number/Street Name)

\_\_\_\_\_, MA \_\_\_\_\_  
(City) (Zip)

**New Address:** \_\_\_\_\_  
(Number/Street Name)

\_\_\_\_\_, MA \_\_\_\_\_  
(City) (Zip)

**Please attach 1 item from each column to verify new residency in the Dudley-Charlton Regional School District.**

Column A Evidence of Residency	Column B Evidence of Occupancy	Column C Evidence of Identification (Photo ID)
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing Dudley-Charlton address: Gas, Electric, Oil, Landline	Valid Driver's license
Copy of lease and record of recent rental payment	Telephone, Cable, Excise Tax.	Valid Massachusetts photo ID card
Section 8 agreement		Valid passport

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