



Change of Address or Telephone Numbers

Student Information:

Name: _____
Date of Birth: _____ Grade: _____ Gender: _____
Home Phone: _____

Parent/Guardian Information:

Name: _____
Employer: _____
Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____
Email: _____

Street Address:

Street: _____
City: _____ State: _____ Zip: _____

Mailing Address:

Street: _____
City: _____ State: _____ Zip: _____

Please indicate who this change applies to:

Mother _____ Father _____ Other _____

****Proof of Residency must be attached for a change of address (*water/electric/gas/cable bill, lease agreement or notarized letter ONLY. Must be the full page*)**

Parent/Guardian Signature: _____ Date: _____

(Office Staff) PhotoID verified by: _____