

# ADDRESS CHANGE FORM

**Please Print**

TODAY'S DATE: \_\_\_\_\_

## PARENT/GUARDIAN #1 INFORMATION

NAME: \_\_\_\_\_

NEW RESIDENCE ADDRESS:

\_\_\_\_\_

PHONE NUMBER – PRIORITY #1 \_\_\_\_\_ PRIORITY #2 \_\_\_\_\_

## PARENT/GUARDIAN #2 INFORMATION – *only if living in same household as Parent/Guardian #1*

NAME: \_\_\_\_\_

PHONE NUMBER – PRIORITY #1 \_\_\_\_\_ PRIORITY #2 \_\_\_\_\_

## STUDENT INFORMATION

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## STUDENT INFORMATION

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## STUDENT INFORMATION

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date