



CHANGE OF ADDRESS FORM

Legal Parent/Guardian Requesting the change: _____

Phone Number: _____ Email: _____

Previous Address: _____

Street Address

Apt./Lot#

City

State

Zip Code

Date of Move: _____

New Address: _____

Street Address

Apt./Lot#

City

State

Zip Code

WHO HAS MOVED – Please list all individuals in the household that have moved to this new address.

Legal Parent/Guardian Name (Last, First, Middle:) _____

Legal Parent/Guardian Name (Last, First, Middle:) _____

Student Name: _____

(Last, First, Middle:)

Date of Birth

Student Name: _____

(Last, First, Middle:)

Date of Birth

Student Name: _____

(Last, First, Middle:)

Date of Birth

Student Name: _____

(Last, First, Middle:)

Date of Birth

Student Name: _____

(Last, First, Middle:)

Date of Birth

Legal Parent/Guardian Signature

Date