Monroe High School
17001 Tester Road
Monroe. WA 98272

360.804.4500
Fax 360.804.4698

Please use this form if you have or will be moving. Return this form to the Monroe High School Counseling Office in person, fax to the number above, or send to: pelayoa@monroe.wednet.edu

Print Student Name:_____ Student Birthdate: _____

Primary Guardian Name:_____

Effective Date of Change:_____

New Mailing Address and Phone Number

Street Address/PO Box:_____

City:_____ State:_____ Zip Code:_____

Primary Phone: _____ Secondary Phone_____

Personal Email Address:_____

Are there other household members (spouse or siblings) associated with this address that you wish to change also? Please list names and relationships of others related to this address change:

_____

_____

_____

Signature:_____ Date:_____

Counseling Office – Address Change
Date Rec'd: _____
Date Entered: _____
Entered By: _____