



Change of Address Form

Please complete the information below and submit it to the main office if you have had a change of address since the end of last school year.

Student(s): **Last Name** **First Name**
 _____ Grade _____ Date of Birth _____ Cell Ph. # _____ M or F
 _____ Grade _____ Date of Birth _____ Cell Ph. # _____ M or F
 _____ Grade _____ Date of Birth _____ Cell Ph. # _____ M or F

Used for Emergency purposes only

Student(s) resides with (circle one): Both parents Mother Father Grandparent(s) Guardian(s)

	Mother / Guardian #1	Father / Guardian #2
Circle One	Dr. Mrs. Ms. Miss	Dr. Mr.
Name		
Relationship		
Home Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Employer		
Work Phone		
Preferred Email		

Mother / Guardian #1 Signature _____ Date _____

Father / Guardian #2 Signature _____ Date _____