



## 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 \_\_\_\_\_