

CHANGE OF ADDRESS FORM

Date _____

Name of Student _____ Grade _____

Student Resides with
___ Mother & Father ___ Mother ___ Father ___ Other (specify) _____

New Address _____

Mailing Address _____
(if different) _____

New Telephone Number _____

New Parish, if applicable _____

School District _____

Date of Change of Address _____

Comments:

PARENT/GUARDIAN SIGNATURE

Cc: Guidance Secretary
Transportation
Nurse
Principal's Secretary
Main Office Secretary