

## 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 Cell Phone Number: \_\_\_\_\_

New Parish (if applicable): \_\_\_\_\_

School District: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Cc: School Counseling - Shannon Forand  
Main Office - Deb Heins & Kim Driscoll  
Nurse – MaryKate McGlinn-Palo  
Bursar – Joel Gervasi & Linda D’Alfonso  
Transportation – Ian Chrzanowski