

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: Guidance - Shannon Forand
Main Office - Deb Heins & Kim Driscoll
Nurse - Deb McMire
Bursar - Linda D'Alfonso
Transportation - Mike Dougherty**