

# CHANGE OF ADDRESS/PHONE FORM

**INSTRUCTIONS:** Complete this form for a change of address or phone number for students and/or their contacts. **PLEASE PRINT CLEARLY.**

A. STUDENTS THE CHANGE APPLIES TO						
Student Name	Date of Birth	Current School	Gender	Grade	IEP/504	New School (if applicable)
1.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
2.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
3.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
4.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
5.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	
6.			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> IEP <input type="checkbox"/> 504	

B. NEW ADDRESS						
New Address						
	HOUSE #	STREET	UNIT #	CITY	STATE	ZIP
Cell Phone #			Is this Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone #			Would you like to be contacted about resources available to families that are homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone #						

C. EMERGENCY CONTACT UPDATE						
Emergency Contact 1 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	First Name			Email Address		
	Middle Name			Cell Phone #		
	Last Name			Work Phone #		
	Gender			Home Phone #		
	Address					
	HOUSE #	STREET	UNIT #	CITY	STATE	ZIP
Emergency Contact 2 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	First Name			Email Address		
	Middle Name			Cell Phone #		
	Last Name			Work Phone #		
	Gender			Home Phone #		
	Address					
	HOUSE #	STREET	UNIT #	CITY	STATE	ZIP

D. PARENT/GUARDIAN SIGNATURE	
Parent or Guardian Signature _____	Date: _____
Parent or Guardian Name (Please Print) _____	

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX	
<input type="checkbox"/> Change of Address/Phone	<input type="checkbox"/> In-District Transfer
<input type="checkbox"/> Exiting District: City _____ State _____	
Proof of Address (Check Three) <input type="checkbox"/> Lease <input type="checkbox"/> Rent Receipt <input type="checkbox"/> Utility Bill <input type="checkbox"/> SSI/DSS Statement <input type="checkbox"/> Other: _____	
Start Date at new school: _____ (If Applicable)	
Received By: _____	Date: _____