



Change of Address Form

Date: _____

Student Information:

First Name: _____ Last Name: _____ Grade: _____

Previous Address: _____ Apartment#: _____

City: _____ State: _____ Zip Code: _____

Previous Home Telephone #: _____

Proof of Residency/Address: Check box

- State Issued Driver's License State Issued Photo ID Most Recent Tax Return W2
- Recent Utility Bill Current Bank Statement

New Address: _____ Apartment#: _____

City: _____ State: _____ Zip Code: _____

New Home Telephone #: _____

Parent/Guardian 1 Name: _____ Relation: _____

Parent/Guardian 1 Cell #: _____ Parent 1 Work #: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Name: _____ Relation: _____

Parent/Guardian 2 Cell #: _____ Parent 2 Work #: _____

Parent/Guardian 2 Email: _____

Office Use Only

Received By: _____ Date: _____ Processed By: _____ Date: _____