

# Change of Address/Phone Number Form

*Please Print*

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
*Street Apt # City/State Zip*

HOME PHONE #: \_\_\_\_\_

**(If you are changing your mailing address you MUST submit proof of address to confirm your Jersey City residence status)**

*(Circle one)* Mother / Stepmother / Grandmother / Guardian

*(Circle one)* Father / Stepfather / Grandfather / Guardian

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

WORK #: \_\_\_\_\_

WORK #: \_\_\_\_\_

CELL #: \_\_\_\_\_

CELL #: \_\_\_\_\_

*Living with Student* \_\_\_\_\_ YES \_\_\_\_\_ NO

*Living with Student* \_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEASE ADD** the following as an emergency contact/pick up:

NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_

CELL #: \_\_\_\_\_

Please **REMOVE THE FOLLOWING** as emergency contact/pickup:

NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

COMMENTS:

---

---

---

**PLEASE SIGN AND DATE**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE