

Change of Address/Phone Number Form

Please Print

STUDENT NAME: _____ GRADE _____ TEACHER _____

NEW ADDRESS: _____
Street Apt # City/State Zip

HOME PHONE #: _____

(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