## **CHANGE OF ADDRESS**

STUDENT NAME:		
OLD ADDRESS:		
NEW ADDRESS:		
HOUSEHOLD PHONE NUMBER:		
EFFECTIVE DATE:		
NAMES OF PEOPLE LIVING IN HOUSEHOLD:		
	_	
	_	
	_	
	_	
****If additional space is needed, please use back of form.		
THREE PROOF'S OF RESIDENCY		
SIGNATURE OF PARENT/GUARDIAN:		
DATE		