

CHANGE OF ADDRESS OR PHONE NUMBER FORM Date _____

Student No. _____

NAME _____ HOME FORM _____
(Surname) (Given Names)

ADDRESS _____
(Street Name) (Apt) (City) (Postal Code)

FATHER _____ _____ _____ _____	Name Home Telephone Business Telephone Cell Phone E-Mail	MOTHER _____ _____ _____ _____
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STUDENT LIVES WITH: ___ Both Parents ___ Father ___ Mother ___ Other

OFFICE USE ONLY:

1. VPO Verified by 1. _____ Changed on 1. ___ Computer 3. ___ Med. Emer.
 2. _____ 2. ___ Vice-Principal 4. ___ Mailroom
 2. Main Office _____ 3. Guidance _____