

**OAKWOOD COLLEGIATE INSTITUTE  
CHANGE OF ADDRESS FORM**

<b>Today's Date:</b>	<b>Effective Date:</b>	<b>Home form:</b>
<b>Surname:</b>		<b>First Name:</b>
<b>STUDENT CHANGE OF ADDRESS</b>		
<b>New Address:</b>		<b>Apt. # (if applicable):</b>
<b>City:</b>		<b>Postal Code:</b>
<b>Home Phone:</b>		<b>Student Cell Phone:</b>
<b>CHANGE OF ADDRESS (Parent/Guardian)</b>		
<b>Contact 1: Mother    Father    Guardian    (Circle)</b>		<b>Contact 2: Mother    Father    Guardian    (Circle)</b>
<b>Name:</b>		<b>Name:</b>
<b>Address:</b>		<b>Address:</b>
<b>Cell Phone:</b>		<b>Cell Phone:</b>
<b>Home Phone:</b>		<b>Home Phone:</b>
<b>Business Phone:</b>		<b>Business Phone:</b>
<b>Email Address:</b>		<b>Email Address:</b>
<b>EMERGENCY CONTACT INFORMATION (In case of emergency only if contact 1/2 are not available)</b>		
<b>Contact Name:</b>		<b>Relationship:</b>
<b>Home Phone:</b>	<b>Business Phone:</b>	<b>Cell Phone:</b>

<b>SIBLING INFORMATION</b>	
<b>(if you wish this information to be updated for siblings please list their names below)</b>	
<b>Name:</b>	<b>Name:</b>

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_