

## Change of Address Form

Effective date of change: \_\_\_\_\_

Are you a:    Parent    Staff Member    Substitute teacher

Name: \_\_\_\_\_

Student's Name(s): \_\_\_\_\_

New Address: \_\_\_\_\_

Number

Street

Apt. #

City

State

Zip

New home phone(s):      1) \_\_\_\_\_

2) \_\_\_\_\_

New work phone(s):      **Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

New cell phone(s):      **Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

E-mail address:      1) \_\_\_\_\_

**For GIS parents only:** be sure to update your child(ren)'s emergency contacts on the emergency form, if necessary. Do you also have students on the waiting list?    Yes    No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For Office Use Only**

Posted to student database

Posted on staff database

Updated emergency form(s)

Updated PK Emergency Form(s)

Updated waiting list form(s)