

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)