



# Change of Contact Information Form

Rev.12/23/20

Date of change: \_\_\_\_\_

Parent Name:	Family ID:
Contact Phone Number:	
E-mail Address:	

New Address Information	
Home Address:	
City:	Zip:
Mailing Address, if different:	
City:	Zip:

Old Address Information	
Home Address:	
City:	Zip:
Old Phone Number if different:	

- Proof of residency and Photo Identification are required to make address change

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only	
Received by: _____	Date: _____
Database Updated by: _____	Date: _____