

CHANGE OF ADDRESS

Please provide information as requested below.
 All address changes must be signed and dated by a parent/guardian

OFFICE USE ONLY: Effective Date: _____			
New Bus Route: AM _____	Time: _____	Stop: _____	
PM _____	Time: _____	Stop: _____	

NEW ADDRESS:			
Student Name _____	Date of Birth: _____	ID: _____	Grade: _____
Student Name _____	Date of Birth: _____	ID: _____	Grade: _____
Student Name _____	Date of Birth: _____	ID: _____	Grade: _____
Student Name _____	Date of Birth: _____	ID: _____	Grade: _____
Student Name _____	Date of Birth: _____	ID: _____	Grade: _____
Address: _____		City: _____	
State: _____	Zip: _____	Phone Number: _____	

Please Check: <input type="checkbox"/> New Transportation Address AM <input type="checkbox"/> PM <input type="checkbox"/> Both <input type="checkbox"/> <input type="checkbox"/> New Mailing Address

PREVIOUS ADDRESS:			
Address: _____	City: _____	State: _____	Zip: _____

NOTES/COMMENTS: _____

I hereby confirm that the information above is correct and that all changes are in effect according to date signed. I understand that it is my responsibility as the parent/guardian to report any changes of contact information to Hmong College Prep Academy (Student Parent Handbook, 44) and I do not hold Hmong College Prep Academy reliable to follow up with changes of student address and phone numbers.

Parent/Guardian-Print Name

Parent Guardian-Signature

Date

FOR OFFICE USE ONLY:		Date Received: _____
<input type="checkbox"/> Request Bus	<input type="checkbox"/> Versa	Date Completed: _____
<input type="checkbox"/> PowerSchool	<input type="checkbox"/> Verbal Confirmation	Office Personnel Sign: _____