

# STUDENT ADDRESS CHANGE

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

Effective Date: \_\_\_\_\_

## **E-MAIL OR MAIL TO JULIE AT THE ALTURAS OFFICE**

Please complete one form per household.

Student Names:

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**Old Information:**

**New information:**

	<b>Old Information:</b>	<b>New information:</b>
<b>Mailing address:</b>		
<b>Phone number:</b>		
<b>Second phone number:</b>		
<b>District of Residence:</b>		
<b>County:</b>		