

STUDENT CHANGE OF ADDRESS FORM

PLEASE PRINT OR TYPE ALL INFORMATION

Directions: Please complete the information below and return to the Guidance Office.

Mailing Address

Chaminade Julienne
RE: Address Change
505 S. Ludlow Street
Dayton, Ohio 45402

Fax # (937) 461-6072

Guidance Office # (937) 461-3740 ext. 243

www.cjeagles.org

STUDENT'S NAME _____
Last First Middle

CLASS OF 20 _____ PARENT EMAIL _____

FORMER ADDRESS _____

NEW ADDRESS _____

FORMER PHONE () _____ NEW PHONE () _____

NEW PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

NEW PARISH / CHURCH _____

ADDRESS CHANGE IS FOR (Circle all that apply)

Student Mother Father Siblings Other _____
Guardian Stepmother Stepfather

Parent / Guardian Signature _____

Today's Date _____ Effective Date of Change _____

OFFICE USE ONLY

Date Received _____ Entered By _____ Date Entered _____

Circle Notified Dept. OSS Nurse Development Welcome Ctr. Ministry&Serv. Business Counselor