

Takoma Academy

CHANGE OF ADDRESS FORM

Name of Student(s): _____

Name of Parent/Guardian: _____

OLD ADDRESS:

Street Address, Apt. #: _____

City, State, Zip: _____

Home Phone: (____) ____-_____

NEW ADDRESS:

Street Address, Apt. #: _____

City, State, Zip: _____

Home Phone: (____) ____-_____

OTHER CHANGES:

Mobile Phone: (____) ____-_____

Work Phone: (____) ____-_____

E-mail Address: _____ @ _____

Church Membership: _____

Physician: _____ Phone: (____) ____-_____

Other: _____

Changes effective for:

- student only
- entire family
- mother only
- father only
- emergency contact

Date effective:

____ / ____ / ____



Please complete this form and turn it in to the front office as soon as possible to avoid delays in communication. Thank you.

OFFICE USE ONLY: Route to Front Office Business Office Development Office Principal's Office