

Change of Address Form

Student Information Management

341 S. Bellefield Avenue, Room #338

Pittsburgh, PA 15213

Phone: (412) 529-4042 Fax: (412) 325-7773

School Year: 20__ - 20__

School's Name and Address

School's Contact Name and Phone Number

Student's Name: _____

Student's DOB: _____ Guardian's Phone: _____

Student's Current Grade: _____ Date of Move: _____

Old Address Information

Student Lived With: Both Parents Mother Father Guardian Other _____

Parent/Guardian Name: _____

Street Name: _____

City/State/Zip: _____

Old School District: _____

New Address Information

Student lives with: Both Parents Mother Father Guardian Other _____

Parent/Guardian Name: _____

Street Name: _____

City/State/Zip: _____

New School District: _____

School Official: _____ Title: _____
(print / type name)

School Official's Signature: _____ Date: ____/____/____

PLEASE COMPLETE THIS FORM WITHIN 15 DAYS OF ADDRESS CHANGE