

HOMESCHOOL CHANGE OF INFORMATION FORM

_____/_____/_____
STUDENT INFORMATION (LAST, FIRST, MIDDLE NAME) DATE OF BIRTH

_____ OLD ADDRESS				CITY	STATE	ZIP
_____ TELEPHONE		_____ EMAIL				

FOR OFFICE USE ONLY

NEW ADDRESS

CITY STATE ZIP

TELEPHONE EMAIL

PLEASE SIGN FORM: DATE: ____/____/____

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (SIGNATURE)

Please return by mail to the address listed below. Send Attention: Homeschool Services Or this form can be faxed at the fax number listed below.