

TCHS - CHANGE OF ADDRESS FORM

PRINT CLEARLY

Date: _____

Student(s)' Name: _____ Grade: _____

Parent(s)' Name _____

New Address: _____

New Phone Numbers:

Home: _____ Cell: _____

Father's Work: _____ Mother's Work: _____

ADDITIONAL INFORMATION THAT NEEDS TO BE CHANGED:

white - registrar's office

yellow - guidance office

pink - business office