

Swedesboro-Woolwich School District

STUDENT CHANGE OF ADDRESS

Today's Date: _____ Effective Date: _____

Name of Student: _____

Student Number: _____ Student Grade: _____

Previous Address: _____

New Address: _____

New Home Phone Number: _____

Primary Proof of Residency (must supply a copy): _____

Secondary Proof of Residency (must supply a copy): _____

Please list the names of all current household members and relationship to student: _____

Parent/Guardian Signature: _____

OFFICE USE ONLY

Updated in OnCourse _____

Notified:

School _____

Transportation _____

Special Services _____