2013-2014

WEATHERFORD ISD 20 CHANGE OF ADDRESS OR TELEPHONE NUMBER

PLEASE COMPLETE A SEPARATE CHANGE OF ADDRESS FORM FOR EACH STUDENT

(Return this form and required documentation to student's current campus)

Address will not be changed without proof of residency for new address

Student's Full Leg	gal Name _					
-		First		Middle	Last	
Student's Current	Campus (check one)				
Austin	_Crockett _	Curtis	Ikard	Martin	Seguin _	Wright
Hall	Tison _	NGC	WHS			
Student's Current	Grade Lev	vel (check o	one)			
PK	_K _	1	2	3	4	5
6	.7 _	8	9	10	11	12
Old Address: Street			City		State	Zip
Home Phone		 -	Cell Phone		 Bus #	
New Address: Street			City		- State	 Zip
Home Phone			Cell Phone		_	
*Per WEATHERFORD Having lawful contro form of one or more	of the stude	ent under ord				-
Attendance	_	nt and a curr se Agreemen	-	or utility deposit	receipt (must also	o complete an
			or settlement the adult's nar		ating home owner	rship and a curre
Parent/Guardian Nar	me (print)					
Parent/Guardian Signature				Date		
Preferred Email Addr	ess					