



Monroe Township Public Schools

STUDENT CHANGE OF ADDRESS

Today's Date: _____ Effective Date: _____

Name of Student: _____

Student Number: _____ Student Grade: _____

Previous Address: _____

Previous Home Phone Number: _____ Previous School: _____

New Address: _____

New Home Phone Number: _____ New School: _____

Proof of Residency: _____

Please list the names of all current household members: _____

Parent/Guardian Signature

Superintendent's Office

Distribution:

School
Transportation Office
Special Services/Child Study Team
Asst. Superintendent

Address updated in PowerSchool by:
