

Notre Dame Academy
Change of Information Form

Student Name: _____ Grade: _____

Former Address: _____

Street City Zip Code

New Address:

Street City Zip Code

Former Phone # () New Phone # ()

Former Parish/Church: _____ New Parish/Church: _____

Former Public School District: _____ New Public School District: _____

Local Newspaper: _____

Will you need public school transportation at your new address? No / Yes

Student lives at new address with: Both Parents Mother Father
 Mother/Stepfather Father/Stepmother Guardian/ _____

Parent(s) Name: _____

Non-Custodial parent is to receive mailings? Yes No

Mother Father Non-Custodial Parent Name: _____

Non-Custodial Parent address: _____

Street City Zip Code

Phone #: _____

Please note any other pertinent changes:

Effective Date: _____ Today's Date: _____

Signature: _____

(Please return form to Mrs. Gill/Registrar)