St. Robert School *Change of Address* / *Change of Phone Number* / *Change of Email* Form

Date _____ ***Please return this form to the school office.*

Name _____ Student(s) Name _____
(Please Print) Grade(s) _____

I am changing my: ☐ Address ☐ Phone Number (home, work or cell) ☐ Email

New Address

_____ _____
(Please Print) Street City Zip

New Phone _(_____)_____ (Circle One) Home / Work / Cell

New Email _____
(Please Print Legibly)

(FOR OFFICE USE ONLY)

☐ Emergency Card(s) ☐ Class Data Source ☐ Class Addresses ☐ Teacher(s)

☐ Blue Folder ☐ Youngest Data Source ☐ Forward to Parish Office

Completed by _____ Date _____