

# JUNIPERO SERRA HIGH SCHOOL CHANGE OF ADDRESS/PHONE/EMAIL FORM

Please immediately inform the main office when a change occurs.

DATE: \_\_\_\_\_

PRINT FULL NAME OF STUDENT

\_\_\_\_\_

PRINT FULL NAME OF PARENTS/GUARDIAN

\_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NEW TELEPHONE # (\_\_\_\_) \_\_\_\_\_

CELL PHONE # (\_\_\_\_) \_\_\_\_\_

NEW WORK PHONE # (\_\_\_\_) \_\_\_\_\_

EXTENSION OF WORK PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WORK HOURS  days  evenings  nights

01/11