

Orange Township Public Schools

Dr. Gerald Fitzhugh, II Superintendent of Schools



Lisa Spottswood Brown Manager of Data and Student Pupil Services

CHANGE OF ADDRESS FORM				
STUDENT NAME:				
	•			
PARENT NAME:				
REASON FOR CHANGE OF A	ADDRESS:			
PREVIOUS ADDRESS:				
NEW ADDRESS				
NEW ADDRESS:				
	75			
NEW HOME PHONE NUMBE	ER:			
NEW CELL DUONE NUMBER	n.			
NEW CELL PHONE NUMBER	K:			
INDICATE: HOMEOWNER OR RENTER				
INDICATE. HOWEOWNER OR RENTER				
IS THE STUDENT MOVING TO A DIFFERENT SCHOOL IN THE DISTRICT?				
INDICATE: YES OR NO (IF YES, PLEASE LIST THE NAME OF THE NEW SCHOOL)				
INDICATE TES ON TO (II TES) TEENED ENT THE THINE OF THE TENE SOLITORE)				
IF YES, WHAT DATE WILL THE STUDENT BE ENROLLED AT THE NEW SCHOOL?				
I 126, WHAT BITTE WILL THE STOBERT BE ENROBEED IN THE NEW SCHOOL.				
PLEASE LIST ALL SIBLINGS ATTENDING ORANGE PUBLIC SCHOOLS				
NAME OF SIBLI	NG	GRADE	SCH	OOL