

Orange Township Public Schools



Dr. Gerald Fitzhugh, II Superintendent of Schools

Lisa Spottswood Brown District Registrar/Information Support Services Manager

CHANGE OF ADDRESS FORM				
STUDENT NAME:				
PARENT NAME:				
REASON FOR CHANGE OF ADDRESS:				
PREVIOUS ADDRESS:				
NEW ADDRESS:				
NEW HOME PHONE NUMI	BER:			
NEW CELL PHONE NUMBER:				
AND CAME MONTH OF DESIGNED				
INDICATE: HOMEOWNER OR RENTER				
AC THE CONTROL ACCUMENT A PROPERTY CONTROL BY THE PROPERTY.				
IS THE STUDENT MOVING TO A DIFFERENT SCHOOL IN THE DISTRICT? INDICATE: YES OR NO				
INDICATE. TES OR NO				
TE VIEG WHAT DATE WHAT THE CTUDENT DE ENDOLLED AT THE NEW COHOOL O				
IF YES, WHAT DATE WILL THE STUDENT BE ENROLLED AT THE NEW SCHOOL?				
PLEASE LIST ALL SIBLINGS ATTENDING ORANGE PUBLIC SCHOOLS				
NAME OF SIBL	ING	GRADE	SCHO	OOL