

Gorman Learning Center Student Address Change Form

Teacher of Record:

Teacher Name

Teacher Number

Student Information: (Please include all siblings that have moved. Use one form per family.)

| | |
|---------------|-----|
| Student Name: | ID# |
| Student Name: | ID# |
| Student Name: | ID# |
| Student Name: | ID# |

Mailing Address: _____

Shipping Address: _____

City, State, Zip Code: _____

School District of Residence Number: _____

County Number: _____

Date Effective: _____

New Phone: _____

Old Address: _____

City, State, Zip Code: _____

Teacher's Signature

Date

Please sign, keep a copy, and fax form to Gorman Learning Center at
(909) 363-8118