

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

## Christa McAuliffe Middle School Address Update Form

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

### **NEW ADDRESS INFORMATION**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### ***Acknowledgement Statement and Parent/Legal Guardian Signature***

I confirm by my signature below that the information listed above is correct and true.

Signature of parent/legal guardian: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### **FOR CAMPUS USE ONLY**

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">CAMPUS VERIFIED</div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"><div>Address o</div><div>Documents o</div><div>Parent ID o</div><div>DATE/INITIAL _____</div></div>	COMMENTS
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RETURN COMPLETED FORM TO  
EMAIL: [wanda.blackmonclark@fortbenidisd.gov](mailto:wanda.blackmonclark@fortbenidisd.gov)  
~ FAX: 281.327-3429