



Change of Address Form

Name of person advising of the change:

Relationship to student:

Student/s affected by the change: *(including form group)*:
.....
.....

Old address:	New address:
.....
.....
.....
.....
.....

New contact telephone number/s *(if applicable)*:

With effect from:

Is everyone at the old address moving to the new address? YES NO

Signature: Date:

PLEASE RETURN TO THE ADMIN OFFICE

FOR OFFICE USE ONLY:

Received by: Date:

Changed on SIMS by: Date: