

## **Notice of Change of Information**

· ·	PLEASE COMPLETE	ALL APPLICABLE FIELDS BELOW	,
Student Name:			
Homeroom:			
Effective Date of Change:	YYYY:	MM:	DD:
Name Change			
Old Name:			
New Name:			
Phone Number Change (inc	dicate whether Pa	rent/Guardian/Emergency Cont	act)
Name:			
Old Home Phone #:		New Home Phone #:	
Old Cell Phone #:		New Cell Phone #:	
Old Work Phone #:		New Work Phone #:	
Email Change			
Name:			
Old Email:			
New Email:			
Address Change			
Old Address:			
	(City)	(Province)	(Postal Code)
New Address:			
			<u></u>
	(City)	(Province)	(Postal Code)

Please return to the school office directly or via your child's homeroom teacher.

Thank-you!