

MAXFIELD ELEMENTARY SCHOOL  
CHANGE OF ADDRESS/TELEPHONE FORM

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

Student Name: \_\_\_\_\_ CIF: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

New Home Address: \_\_\_\_\_

Apt. #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Daycare/Provider Name: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

Daycare Phone: \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_