

West Windsor Regional School District  
Registration Department  
Change of Address Form

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

Student Name	Grade	Current School	New School if Applicable
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Old Address: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Registrar Initials: \_\_\_\_\_